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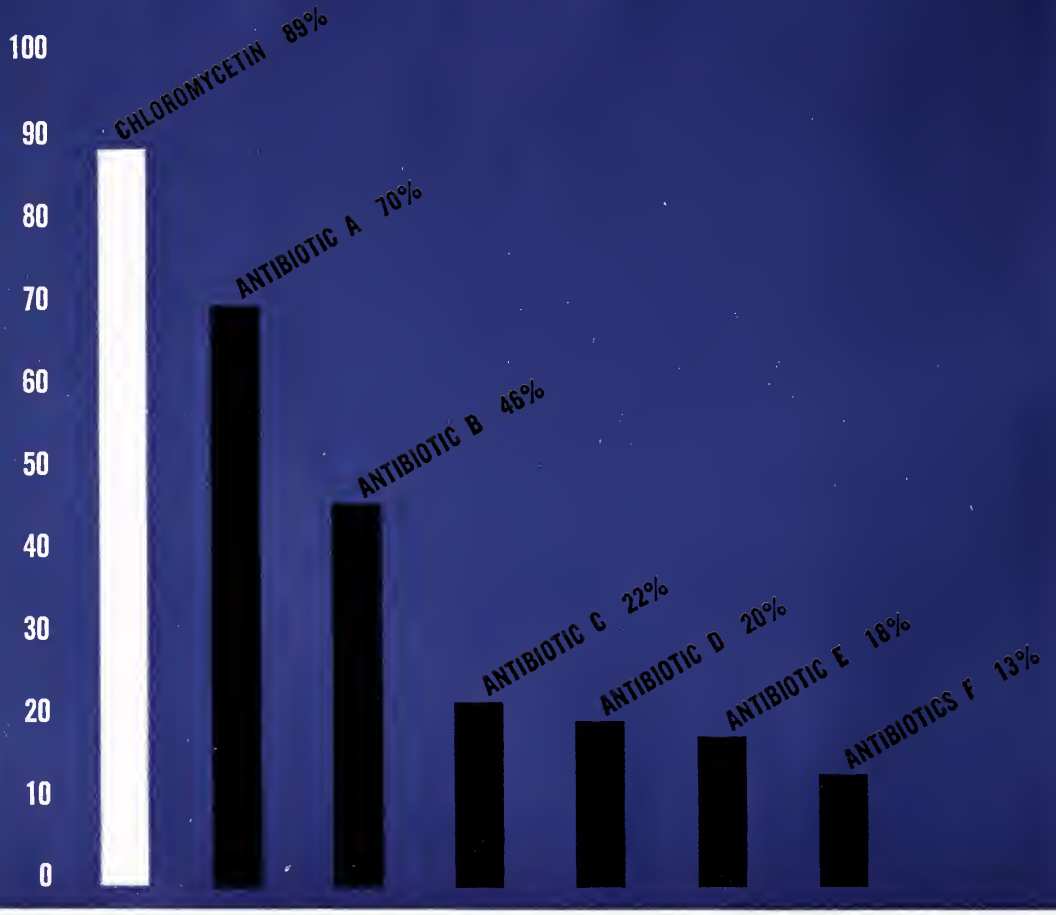
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*This graph is adapted from Kempe, C. H.: *California Med.* 84:242, 1956. The single bar designated as "Antibiotics F" represents three widely used, chemically related agents grouped together by the investigator. Strains isolated January-June, 1954.

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

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A REPORT ON A PROMISING CONCEPT IN ANTIMICROBIAL THERAPY:
CONCURRENT ADMINISTRATION OF CHLOROMYCETIN AND GAMMA GLOBULIN

In treatment for infection, the physician is confronted with complex interactions between pathogen, antimicrobial agent and host. The pathogen represents the unselected factor, the therapeutic agent the component over which the physician exercises maximum control. But even with optimal antibiotic therapy, the eventual elimination of the infective agent and the resolution of pathologic changes depend upon efficient host response.[1,2]

Passive transfer of antibodies through gamma globulin provides a broad antibacterial spectrum because of origin in adults exposed to a variety of microorganisms. Employed as a protective element against some of the more common contagious diseases, gamma globulin permits more competent participation by the host in the fight against established infection.

Rationale for immuno-antibiotic therapy lies in simultaneous direct attack on the pathogen and re-enforced host resistance, which implies usefulness in treatment for acute fulminating, highly refractory, or prolonged infections.

EXPERIMENTAL STUDIES ENCOURAGING

In carefully controlled studies in mice, Fisher and his colleagues in Parke-Davis Research Laboratories, using pooled human gamma globulin and Chloromycetin (chloramphenicol, Parke-Davis) concurrently, demonstrated a high degree of therapeutic effectiveness in infected animals.[3] Five types of infection induced with species of Staphylococcus aureus, Streptococcus pyogenes, Proteus vulgaris and Pseudomonas aeruginosa responded to joint therapy with gamma globulin and Chloromycetin, each agent having shown at deliberately low doses in previous work little or no activity in these mouse infections when used separately. Fisher's experiences with hemolytic streptococci have been confirmed.[4]

Tests now in progress with pneumococci, salmonellae and additional strains of pseudomonas and proteus indicate that marked increases in survival rates may be anticipated in any infection where chloramphenicol has previously demonstrated therapeutic activity.[3] These observations suggest that immuno-antibiotic therapy can effect cures in a variety of refractory microbial diseases.

PROMISING IN EARLY CLINICAL TRIAL

Observations analogous to those of Fisher have been reported from the clinic.[5-7] More recently, the clinical use of gamma globulin in conjunction with antibiotics was undertaken by Waisbren[8] on the basis of Fisher's experimental work. His series of 46 patients with systemic and localized infections due to various strains of staphylococcus, pseudomonas, salmonella, proteus and to the pneumococcus had failed to respond to maximum effort with conventional therapeutic measures. Marked clinical improvement in six of these acutely ill patients shows clearly "...that in certain instances the addition of gamma globulin to antibiotic therapy may give a clinical result that could not have been obtained with the antibiotics used alone. In each of these cases, a long and extensive control period in which antibiotics were being vigorously administered had failed to produce a response but when gamma globulin was given with approximately the same dosages of antibiotic, rather marked improvements occurred."[8]

While the precise mechanism underlying the salutary effect of gamma globulin remains to be clarified, the existence of quantitative hypogammaglobulinemia was ruled out in patients in this series.[8]

A RATIONALE FOR IMMUNO-ANTIBIOTIC THERAPY

Although the relationship of susceptibility to infection and status of the host is well recognized, host resistance is an aspect of infectious disease still not understood in an era of extensive and of massive antibiotic therapy. Most antibiotics, in concentrations tolerated by living tissues, have bacteriostatic rather than bactericidal effect. In the clinic, bacteriostatic doses are most frequently given and host defense mechanisms are responsible for the eventually satisfactory clinical result.[4]

The problem of therapeutic failures despite vigorous courses of antibiotic therapy may be due to some disturbance in the immune process.[9] In addition, disproportionately high mortality rates in the extremes of life lend support to the impression of inadequate defense mechanisms, since these are underdeveloped and immature in the very young and may be impaired or depressed in the aged.[4]

Any discussion of immuno-antibiotic treatment must at present remain largely conjectural. From preliminary evidence, however, this approach to therapy appears worthy of consideration, especially in patients in whom adequate antibiotic therapy for active infectious processes has been disappointing. While the concept of enlisting the aid of the host in combating pathogenic microbes, thereby affording the physician control of two of the three principal interacting factors, is not new, enhancement of host resistance through use of gamma globulin in treatment for microbial disease is indeed a promising one.

REFERENCES:

(1) Swift, P. N.: *Brit. M. J. 1*:129 (Jan. 19) 1957. (2) Jawetz, E.: The Forgotten Host, *Stanford M. Bull., 13*:84, 1955. (3) Fisher, M. W.: *Antibiotics & Chemother. 7*:315, 1957. (4) Welch, H.: The Host and the Parasite. A New Clinical Approach to Biologic Relationships, *Antibiotics & Chemother. 7*:271, 1957. (5) De, S. P., & Basu, U. P.: *Brit. M. J. 2*:564, 1938. (6) Goldberg, S. L., & Bloomenthal, E. D.: *Surgery* 9:508, 1941. (7) Carnes, H. E.; Gajewski, J. E.; Brown, P. N., & Conlin, J. H., in Welch, H., and Marti-Ibanez, F., ed.: Antibiotics Annual, 1954-1955, New York, Medical Encyclopedia, Inc., 1955, p. 391. (8) Waisbren, B. A.: *Antibiotics & Chemother. 7*:322, 1957. (9) Harris, R., Jr., & Schick, B.: *J. Mt. Sinai Hosp. 21*:148, 1954.

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Inter-Island Nurses' Bulletin

ROSIE CHANG, R.N., M.Litt., *Editor*

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Correspondence

Oahu's Hospital Needs

TO THE EDITOR:

It appears that I misinterpreted some of the material contained in the Stanford Research Institute's report on "Oahu's Requirements for Hospital Facilities."

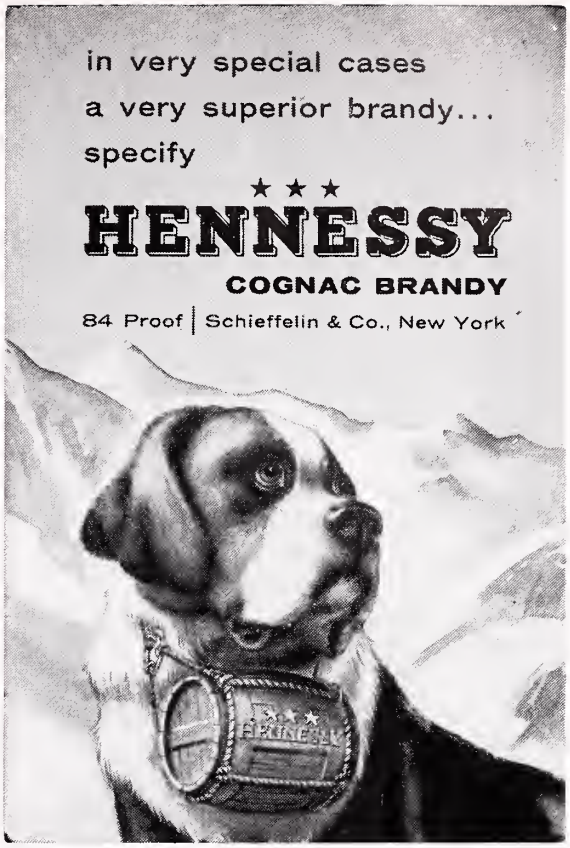
In view of the title of the report, I assumed that Table I on page 6 referred to the City and County of Honolulu (excluding long-term hospitals) rather than to urban Honolulu. However, when one refers to Table II on page 14, my mistake becomes apparent. There is still a difference of approximately 120 beds (excluding bassinets and short-term mental) between the two reports which, as you know, is explained by the fact that one agency counted complement beds and the other, normal beds.

I am still of the opinion that in estimating bed needs for a community, "normal" is more realistic than "complement." It would be interesting to study a community in which all hospitals had complement bed capacity in excess of normal.

I hope this explanation of my error will be of assistance to you in your continued study of the report.

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1. Locket, S.: Brit. M.J. *1*:809 (Apr. 2) 1955.

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2. Wright, W.T., Jr., et al.: J. Kansas M. Soc. *57*:410 (July) 1956.

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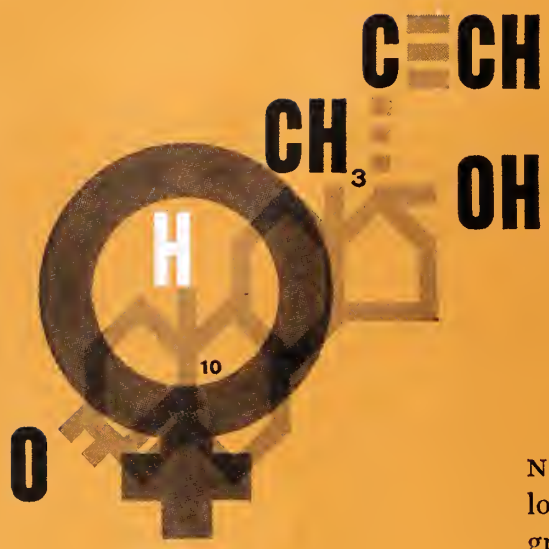
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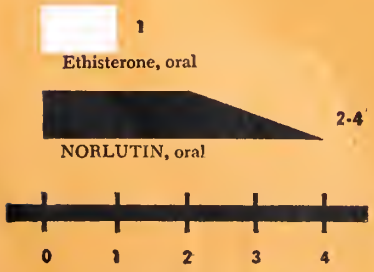
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REFERENCES: (1) Hertz, R.; Tullner, W., & Raffelt, E.: *Endocrinology* 54:228, 1954. (2) Greenblatt, R. B.: *J. Clin. Endocrinol.* 16:869, 1956. (3) Hertz, R.; Waite, J. H., & Thomas, L. B.: *Proc. Soc. Exper. Biol. & Med.* 91:418, 1956. (4) Tyler, E. T.: *J. Clin. Endocrinol.* 15:881, 1955. (5) Greenblatt, R. B., & Clark, S. L.: M. Clin. North America, Philadelphia, W. B. Saunders Co. (Mar.) 1957, p. 587.

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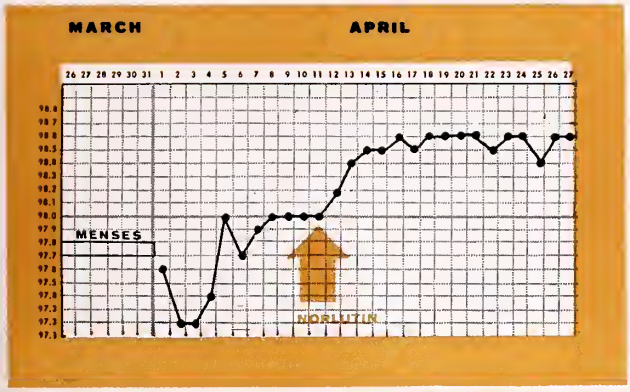
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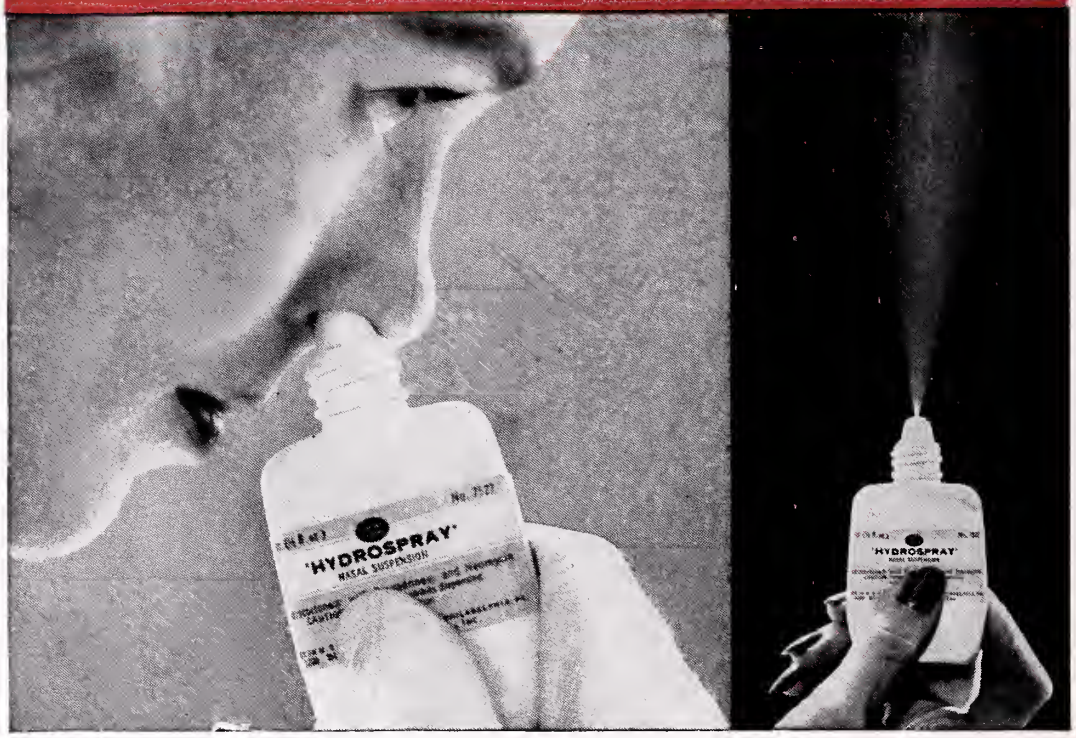
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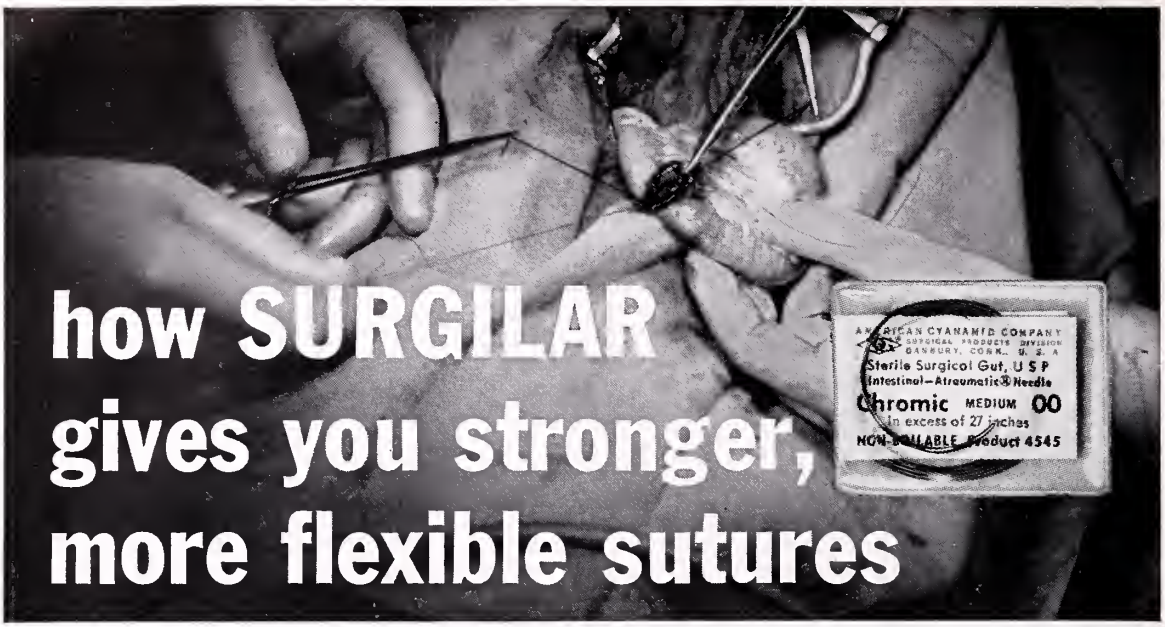
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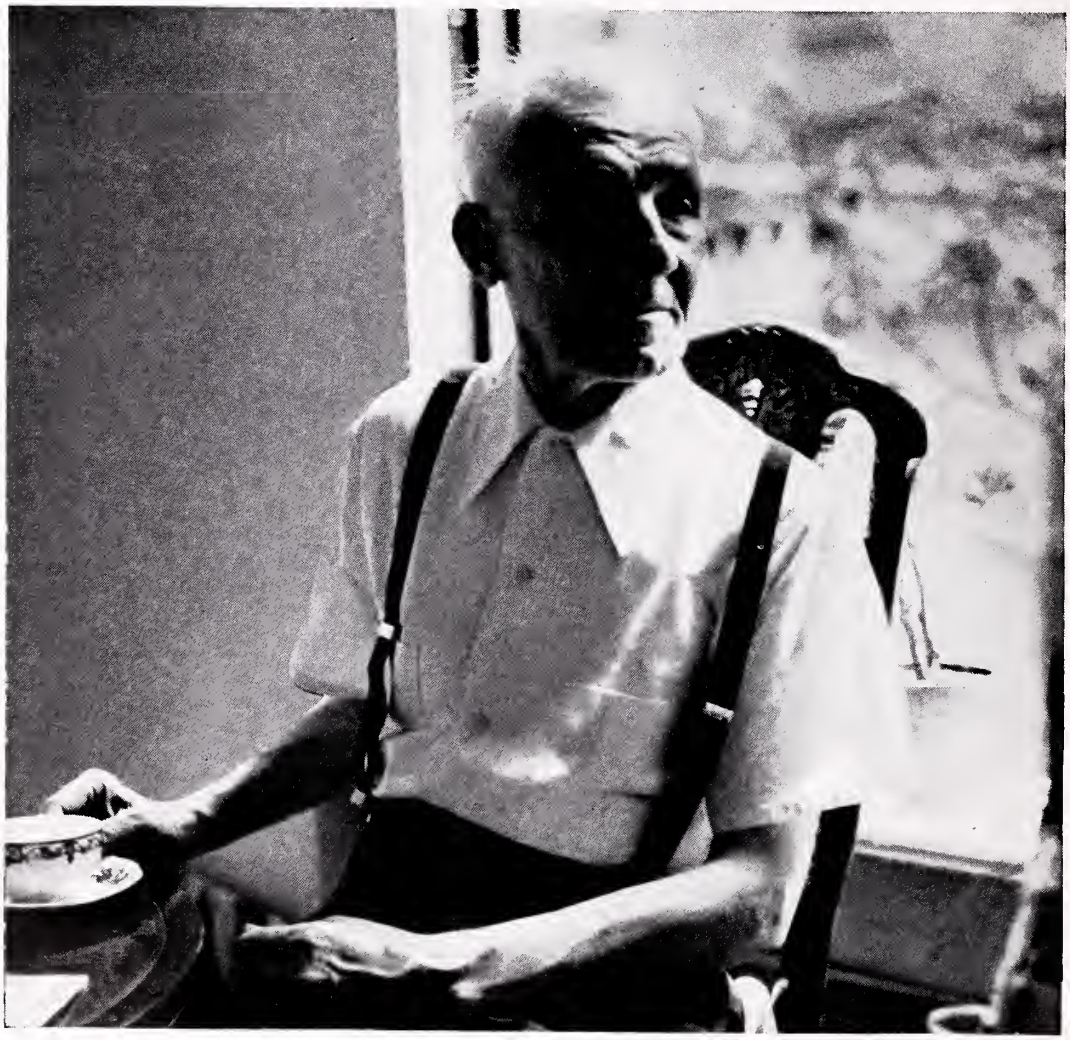
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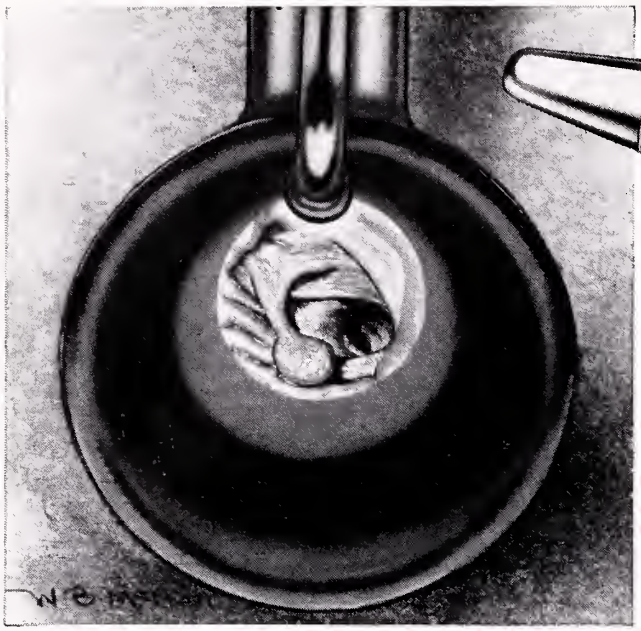
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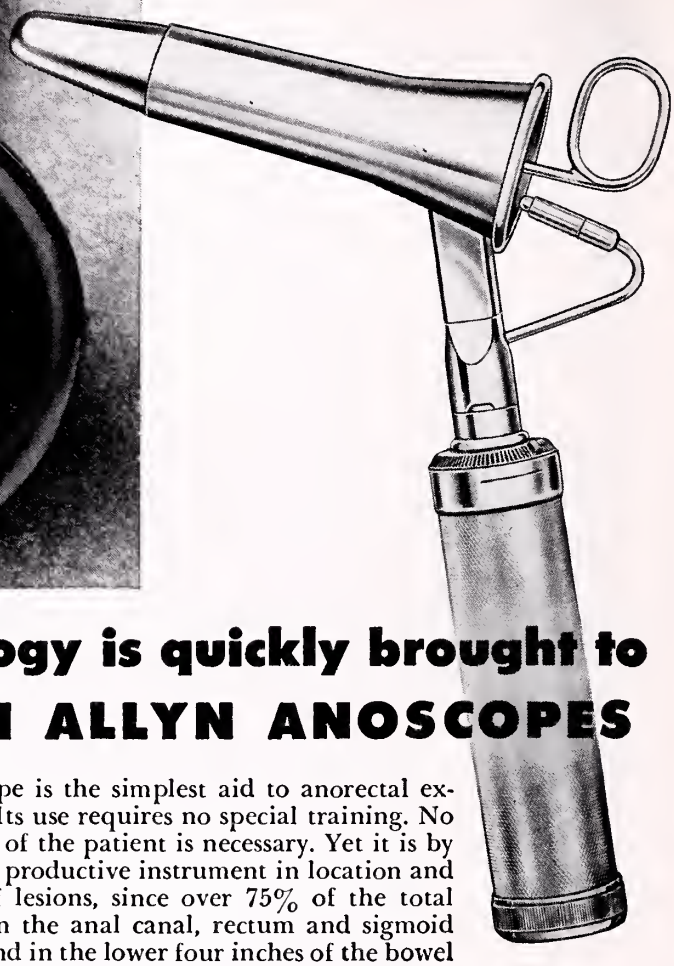
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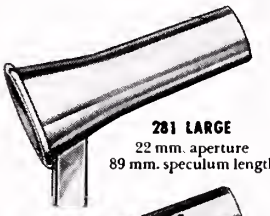
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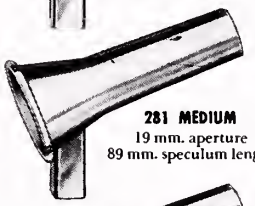




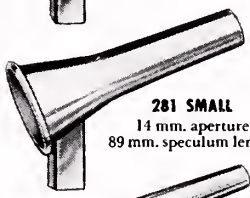
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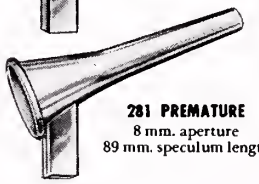
281 LARGE
22 mm. aperture
89 mm. speculum length



281 MEDIUM
19 mm. aperture
89 mm. speculum length



281 SMALL
14 mm. aperture
89 mm. speculum length

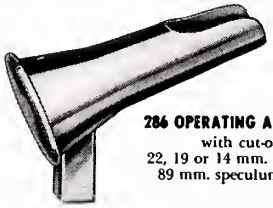


281 PREMATURE
8 mm. aperture
89 mm. speculum length

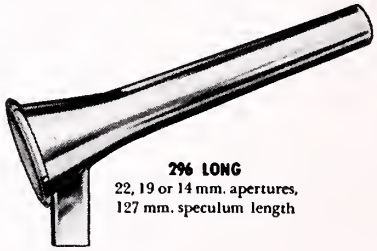
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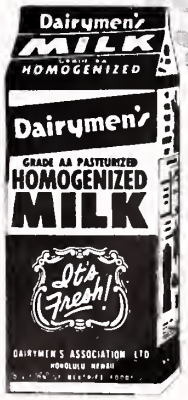


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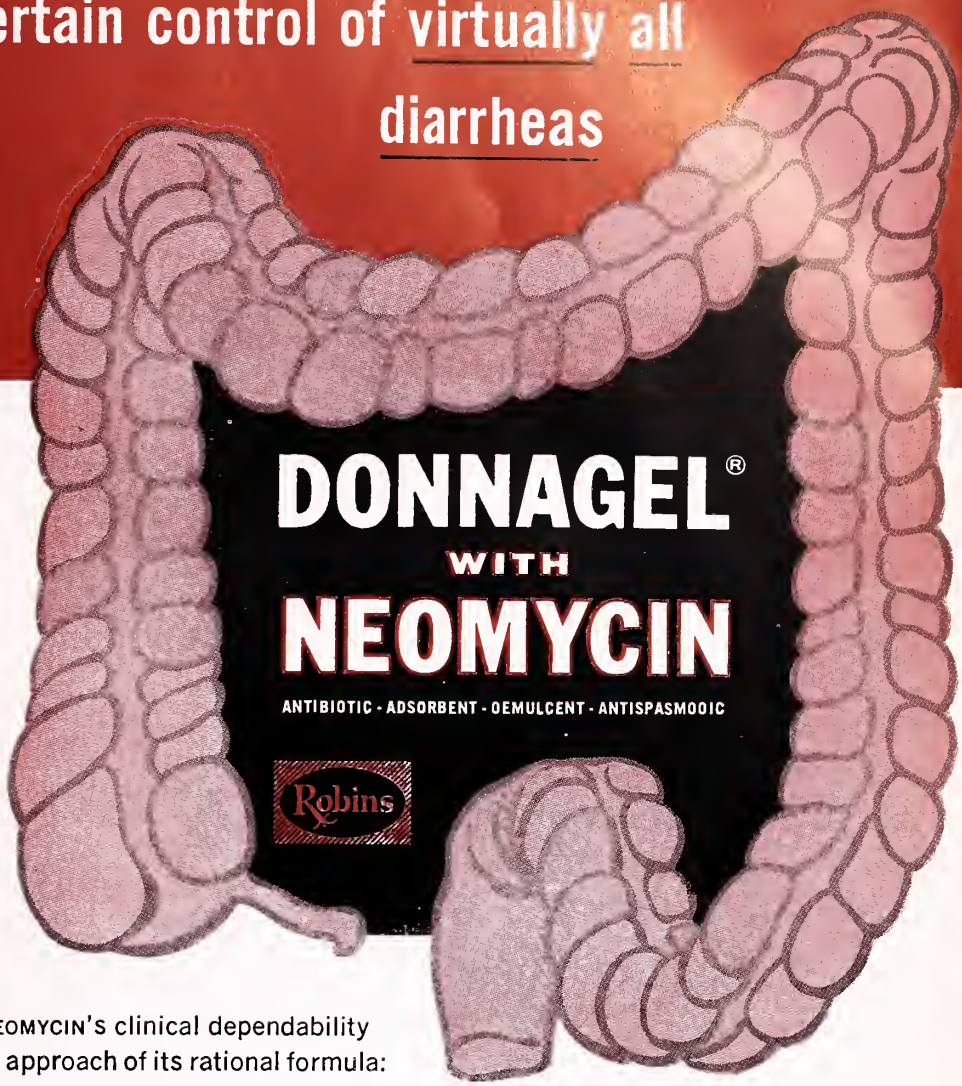
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Pectin (142.8 mg.)	protective, demulcent	Supplements action of kaolin as an intestinal detoxifying and demulcent agent.
Dihydroxyaluminum aminoacetate (0.25 Gm.)	antacid, demulcent	Enhances demulcent and detoxifying action of the kaolin-pectin suspension.
Natural belladonna alkaloids: hyoscyamine sulfate (0.1037 mg.) atropine sulfate (0.0194 mg.) hyoscine hydrobromide (0.0065 mg.)	anti-spasmodic	Relieves intestinal hypermotility and hypertonicity.
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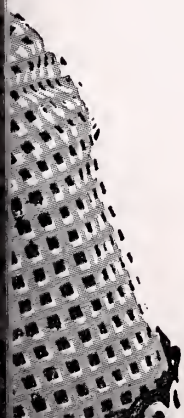
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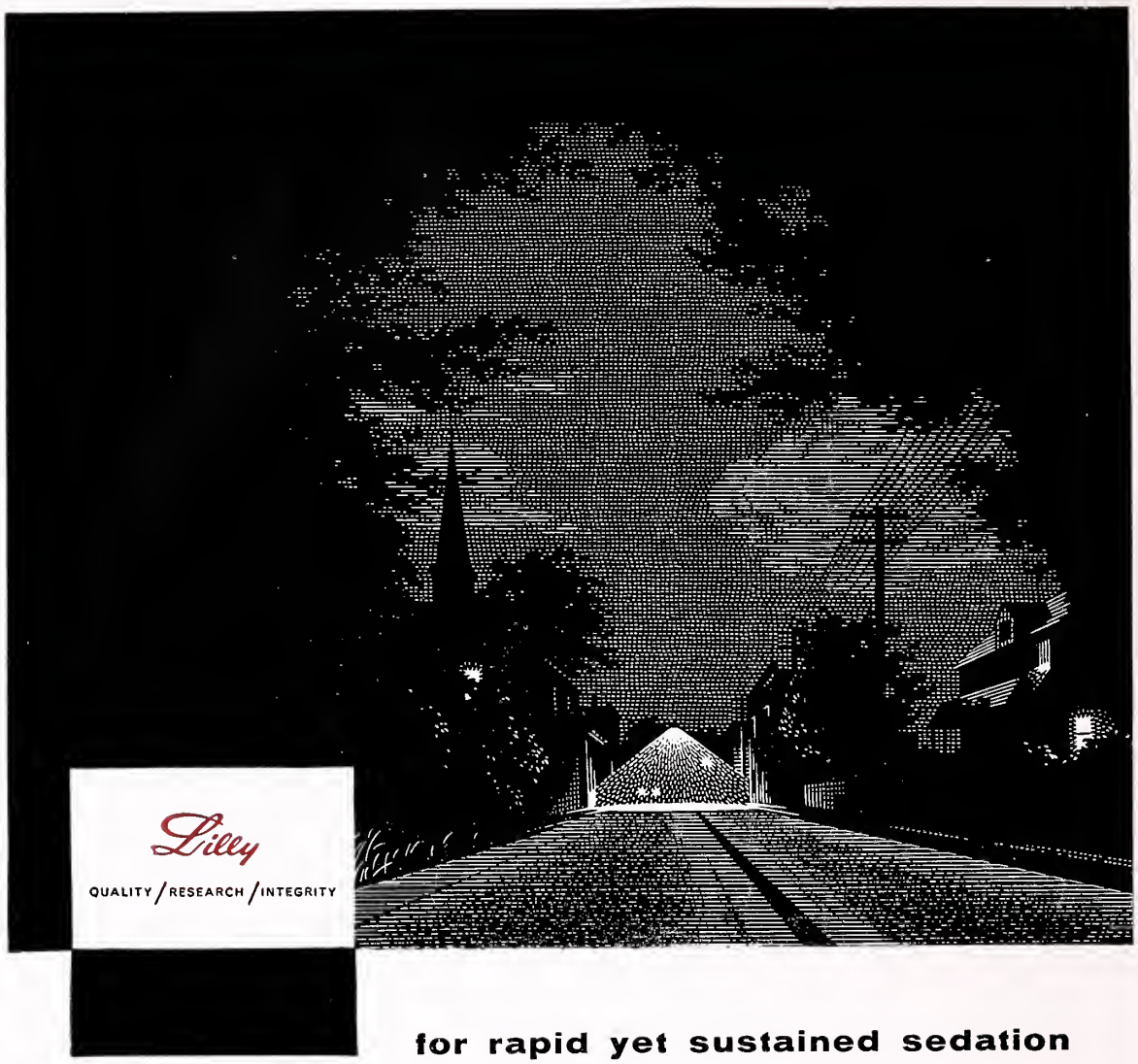
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RECENT ADVANCES IN SURGERY

J. E. STRODE, M.D.,* Honolulu

A thoughtful report of personal observations of modern American surgery by an observant visitor from Hawaii.

THIS MAINLAND trip was made primarily to attend the meetings of the American Association for Thoracic Surgery and the American Surgical Association, both of which were held in Chicago. In addition, visits were made to the University of Illinois, the Lahey Clinic, Massachusetts General Hospital, Mayo Clinic, University of Minnesota, University of Washington and the Virginia Mason Clinic in Seattle. On the papers presented at these meetings, on observing many surgeons at work and the opportunities afforded to discuss many aspects of surgery, both new and old, the following remarks are based.



DR. STRODE

Beers

During my many years of frequent browsing around in various clinics of medical centers in attempting to keep aware of the advances of surgery, I have noted a gradual change in many aspects of medical education. The clinical approach to diagnosis and therapy, as related to human illnesses, has largely been replaced by one of experimentation on laboratory animals. Presuming to present a paper these days based on purely clinical observations, such as was the custom in the time of Hippocrates and more recently Osler and similar great clinicians, is looked upon by many as evidence that the individual belongs at least in the early Victorian period and probably is in need of psychiatric attention. It is amazing, to me, to see how the aging clinician, hoary with experiences in the operating room and at the bedside—so necessary in yesteryears before reaching a station of confidence and veneration in the eyes of his colleagues—is now replaced by the young medico who, though short on clinical experience, speaks with conviction if not authority on what has been demonstrated in the laboratory animal.

Dr. Tac Harrington, in my opinion one of the greatest clinical surgeons of any age, after we had been exposed to a long session of such erudite papers, leaned over and whispered, "Now that we have learned what is good for all these creatures, I would like to learn about something that is good for us human beings." I do not wish to belittle any of the outstanding work that has been and is being accomplished in the laboratory, and that has resulted in benefit to humanity. I do believe, however, that too much attention is being devoted to what occurs in the laboratory animal, much of which never proves to be of any practical value when applied to man.

I was interested to hear one professor of surgery, deeply interested in the experimental approach to surgical problems, but who yet retains a proper outlook upon its relationships to clinical medicine, say that the attitude of some of his research staff was disturbing. They regarded anyone interested in clinical medicine as belonging to a guild requiring inferior mental attainments, much, I suppose, as the barber surgeon was regarded by medical men who considered it beneath their dignity to come in personal contact with a patient.

No one can help admiring the well-educated, brilliant and enthusiastic young men dedicated to the task of solving many of the poorly understood afflictions of the human race. Such men were particularly evident in my travels at the University of Minnesota, under the direction and stimulation of Owen Wangensteen, and at the University of Washington, similarly led by Henry Harkins. Combining experimental and clinical medicine at its best, they are making innumerable contributions to the advancement of surgery in all its aspects. What they have accomplished in the field of cardiovascular surgery is but one example, well known to everyone interested in this aspect of surgery. The animal laboratories in these institutions were revelations to me. Dr. Wangensteen said that the yearly cost of running this department was $100,000, and I was told that 5,000 dogs was the yearly quota at $5 per dog. How many other animals are used in the pursuit of knowledge, I would hesitate to estimate. The whole top floor of the new University of Washington Medical School building is used for experimental purposes, and looking down the corridor, this space seemed unlimited. A veterinarian is employed for the sole purpose of supervising

Received for publication August 3, 1957.
* Chief of Staff, The Queen's Hospital.
From the Department of Surgery, Straub Clinic.

the care of the various animals being used. Eleven dollars is the cost of a mongrel pup in this area.

Cardiovascular Surgery

Cardiovascular surgery—particularly cardiac surgery, and even more particularly open heart surgery—being so dramatic and presenting so many unsolved problems, claimed the major attention of the two meetings which I attended. Of the 43 papers presented at the Thoracic meeting, 26 were devoted to some phase of this type of surgery, as were 12 of the 34 papers at the American Surgical meeting. Such discussions are of great value to those primarily interested in these problems, but to the majority, whose interests lie elsewhere, devoting so much time to these problems is a source of considerable dissatisfaction.

Important and intriguing as this new specialty may be, few men are adequately trained and equipped to deal with these problems, and few patients need such highly specialized attention in comparison to the rank and file needing surgical attention in general. No doubt proper emphasis in relation to importance will be established after the newness of this virgin specialty wears off. One cannot help wondering if the number of young men being attracted to and trained in this fascinating field may not prove to be greater than the ultimate demands justify. While the majority of the papers I listened to relative to cardiovascular surgery were quite beyond my powers of comprehension, there were a few that I grasped the meaning of, and others that I might briefly touch on because of their unusual interest to anyone in the field of medicine.

Internal Mammary Ligation

Ligation of the internal mammary arteries as a means of increasing blood supply to the myocardium was discussed by Robert Glover, of Philadelphia. This procedure has recently been advocated by European workers and has in their experience resulted in dramatic relief of angina in some cases. Glover had injected tracer substances into the proximal segment of the internal mammary arteries after ligation at the second intercostal space, and recovered sufficient of these substances to indicate a substantial contribution to myocardial circulation from this extracardiac source. Anatomical dissections reveal a branch to the myocardium from the internal mammary arteries.

Dr. Herbert Adams, of the Lahey Clinic, whose sound judgment I have always respected, informed me that he had done five such operations and was amazed at the resulting symptomatic improvement that occurred in individuals with severe angina. He makes a single transverse incision across the sternum and has found it to be a relatively minor operation accomplished in about fifteen minutes.

All evinced much interest in these observations, but were equally skeptical that the procedure would survive adequate application and lapse of time. If it does have merit, simplicity of application is much in its favor. One individual suggested that it would be informative to do a series of cases in which the internal mammaries were exposed but not ligated to see if equally satisfactory results might not be obtained. Glover said he made no claims as to the value of this procedure; he was only the American representative of the European originators.

Elective Cardiac Arrest

The dangers of cardiac arrest and methods of prevention and treatment have been so much emphasized in recent years that a deliberate attempt to bring this condition about seems a bit startling, to say the least. Effler, of Cleveland, discussed their experience with this adjunct to cardiac surgery. He pointed out that open heart surgery that employs the now conventional bypass technique does not provide the ideal surgical field. There is an appreciable blood return to the right side of the heart from the coronary sinuses, the thebesian veins and retrograde flow from the pulmonary arteries. The left heart receives blood from bronchial vessels and any collaterals that might be present. Total blood loss in a so-called heart bypass may be measured in liters under certain conditions. In addition to the imperfect hemostasis, the beating heart may also impair surgical exposure and hamper operative technique.

The adjunct of elective cardiac arrest coupled with the now conventional bypass technique approaches the ideal in open heart surgery. It offers the surgeon a field that is relatively dry (although bleeding from collaterals is still present), free of motion, and easily visualized. With elective cardiac arrest, there is no coronary circulation; the paralyzed heart muscle has minimal metabolic needs, and for this reason requires no perfusion, even for prolonged periods. In their series, the shortest period of induced cardiac arrest has been ten minutes, and the longest 58 minutes.

The Melrose technique of inducing elective cardiac arrest is used, utilizing potassium citrate solution. In 51 of 55 open heart procedures, cardiac arrest had been used in combination with extracorporeal circulation. Re-establishment of normal circulation of oxygenated blood at the completion of operation had resulted in normal cardiac action.

Conrad Lam, of the Ford Hospital in Detroit, showed a beautiful colored movie of his technique of closure of an interventricular septal defect with

the use of cardioplegia (induced cardiac arrest). He used 10 mg of acetylcholine per kilogram of body weight. This solution is injected into the lumen of the base of the aorta after applying a clamp above. Following the intracardiac procedure, resuscitation is obtained by removing the aortic clamp, which results in washing the drug out of the heart. In 30 patients in whom interventricular defects had been repaired, there had been two instances of permanent and fatal atrioventricular block.

Carotid Thrombectomy

The surgical treatment of thrombosis of the internal carotid artery was described by Champ Lyons, Chief of the Department of Surgery, Medical College of Alabama. Patients suffering from such a condition may complain of dizziness, transient blindness, or signs of sustained or intermittent "strokes." The usual cause of such obstruction is an atheromatous plaque at the carotid bifurcation, often associated with segmental thrombosis of the internal carotid artery. Angiographic studies of the carotid arteries permit the verification of such a clinical diagnosis.

Case reports have established the feasibility of restoring circulation by thrombo-endarterectomy or resection with grafting. The use of hypothermic anesthesia seems desirable if the common carotid is to be occluded. Lyons had attacked this problem in six patients by using a nylon prosthesis inserted as a shunt between the subclavian and internal carotid arteries without the use of hypothermia. DeBakey in discussing this paper described the use of a homograft between the aorta and the carotids, with a branch across to the subclavian artery when this vessel had been occluded.

Mahorner, of New Orleans, described 16 patients in whom thrombectomy had been performed for extensive thrombosis involving major veins. Instead of the usual ligation of the veins above this area of thrombosis, the veins had been opened, the thrombi removed, and the opening in the veins closed followed by heparin drip regionally. Results in twelve cases were excellent, in two good and in two the procedure was a failure.

Non-Cardiovascular Surgery

Tetanus

Evaluation of the treatment of tetanus with an analysis of 558 cases from Charity Hospital in New Orleans was presented by Oscar Creech, the new Professor of Surgery at Tulane. With the lapse of 100 years and with an experience with 2,000 cases, nothing of specific value has been found in the treatment of this condition once the disease has become established. The results suggest that supportive measures such as tracheotomy, antibiotics, and muscle relaxing agents are relatively ineffectual in reducing the mortality and morbidity of tetanus. It appears that factors relating to the initial infection with Clostridium tetani largely determine the outcome of the disease. The remarkable effectiveness of toxoid and antitoxin as immunizing agents is demonstrated. Of the 558 cases, only one patient had received an immunizing course of tetanus toxoid, and only one had received antitoxin following injury! The administration of compatible blood from an individual known to have been immunized against tetanus was thought to be of value. The administration of antibiotics and large doses of tetanus antitoxin are of doubtful value.

Histoplasmosis

The Surgical Treatment of Chronic Progressive Pulmonary Histoplasmosis was discussed by Dr. John W. Polk, of Mt. Vernon, Missouri, and associates, who reported on 21 cases. It is now recognized that a wide variety of pulmonary lesions may be produced by Histoplasma capsulatum. Bronchiectasis, giant tension cysts, acute abscess, middle lobe syndrome and empyema have all been produced by this organism. This condition should be given consideration whenever tests fail to suggest tuberculosis as the causative agent. Most cases respond well to surgical intervention. This disease is not transmitted from man to man, but is dependent upon an unknown intermediary host.

Tuberculosis

William R. Sweetman, of the Fitzsimmons Army Hospital, made a study of the role of drug resistance in the surgical treatment of pulmonary tuberculosis during the ten-year period from 1947 to 1956. During this time, 1,061 pulmonary resections had been done. The over-all complication rate had been 7.6 per cent. In 44 patients who harbored resistant tubercle bacilli, the incidence of major complications had been 32.6 per cent. The total mortality rate had been 1.4 per cent, and in the resistant cases 13 per cent.

Lung Cancer

Leo G. Rigler, of Minneapolis, studied 100 cases of proven cancer of the lung in whom x-rays of the chest had been made at least three months, and in some cases several years, before a diagnosis of carcinoma had been made. In reviewing these cases closely, scrutiny revealed overlooked changes several years before a definite diagnostic lesion appeared. Early peripheral changes were frequently noted, later spreading centrally,

involving major bronchi and causing areas of atelectasis or obstructive emphysema involving a lobe or a whole lung. Inflammatory manifestations may appear and disappear during the life of the tumor, giving rise to an erroneous diagnosis of recurring pneumonia. The most important observation brought out in this study was the long duration of many cancers of the lung before producing symptoms, six or seven years in some cases, and the variations in rapidity of growth at different times.

An interesting study of the tracheobronchial tree of patients dying of cancer of the lung had been made by Oscar Auerbach and associates in East Orange, New Jersey, which they believe may help account for the poor results following surgery for this condition. Fifty-four cases had been studied, all heavy smokers. Aside from the areas of definite malignant change, many areas of carcinoma in situ were revealed scattered throughout the bronchi, which they believe may produce subsequent areas of carcinoma even after the original lesion has been removed.

The prognostic significance of vascular invasion found at the time of operation for carcinoma of the lung was discussed by Julian Johnson, of the University of Pennsylvania. Of 218 patients subjected to resection, 100 had been operated upon five years or more ago. In these cases with vascular invasion, only 3.1 per cent survived five years or longer, while without vascular invasion, 71.4 per cent survived for five years or longer. Without either vascular invasion or distant lymph node involvement, 88.8 per cent survived five years or longer. The sad part of this story is that about 75 per cent of patients are found to have vascular invasion at the time of surgery.

Pneumothorax

Bilateral thoracotomy for unilateral spontaneous pneumothorax was discussed by Ivan Baronofsky, the new Chief of Surgery at the Mt. Sinai Hospital in New York. He is of the opinion that bilateral involvement occurs in 10 to 15 per cent of cases, that recurrence is frequent, usually due to rupture of blebs, and that serious complications may be averted by immediate bilateral investigation. It is needless to say, I believe, that the many who discussed this paper did not agree with the essayist.

Pyloroplasty

Merendino, of the University of Washington, has done considerable experimental investigation on dogs to determine the effect of Finney pyloroplasty in preventing esophagitis following Heller myotomy. It is a well-known clinical observation in man that any procedure which compromises the sphincter action of the esophagogastric junction such as esophagogastrectomy, Gröndahl cardioplasty, and to a lesser extent Heller myotomy, have all been shown to contribute to a high incidence of esophagitis in dogs stimulated with histamine. Vagotomy has been shown to increase the severity of the esophagitis, but vagotomy and Finney pyloroplasty reduce it. Heller myotomy is the most frequently used procedure in the treatment of achalasia and is frequently followed by esophagitis due to regurgitation of gastric contents into the esophagus. In dogs, it was found that esophagitis occurred after the Heller operation in about 70 per cent of cases, while the addition of Finney pyloroplasty reduced the incidence to approximately nine per cent. It is believed by most that such a pyloroplasty should always be added when the operation is done in man. Bilateral vagotomy is probably also desirable.

Wound Infections

Most everywhere I visited, there was considerable concern over the problem of postoperative wound infections caused by Staphylococcus aureus. Therefore, a paper on the subject by Howe and Smithwick, of Boston, was of much interest. They concluded that there is considerable evidence that such infections are on the increase, though it is doubtful that these organisms have acquired any greater virulence. It was the opinion of the essayists and those who discussed this paper that this increased incidence of infection was due to a number of factors, some being quite evident and some quite obscure. The two most evident ones were as follows: (1) resistance of the organism to antibiotics, and (2) a general letdown in aseptic and antiseptic surgical techniques. Corrective measures suggested included the following: wider selection of antibiotics postoperatively when indicated; more attention to aseptic preventive measures, such as (a) adequate preoperative preparation of the operative field, (b) adequate hand preparation by surgeons and assistants, (c) a check on operating room personnel to rule out carriers, (d) barring individuals from the operating room who have upper respiratory infections and skin infections, (e) careful exclusion of skin surface from the operative field, (f) gentleness in handling tissues, and (g) avoidance of unnecessarily prolonged operative procedures with prolonged exposure of the wound to various sources of contamination. Some, particularly Deryl Hart and Richard Overholt, believe that ultraviolet rays in the operating room are of definite value. It had been the observation of several that postoperative wound infections were more prevalent in ward cases where help

was inexperienced and aseptic technique correspondingly poorer than it was among private patients. In the treatment of these infected wounds, adequate drainage, even debridement, may be necessary. Dr. Champ Lyons emphasized the importance of thoroughly washing out operative wounds with saline solution before closure.

Hyperparathyroidism

Dr. Leon Goldman, Professor of Surgery, University of California, described the changing diagnostic criteria for hyperparathyroidism. Thirty-two years ago, when Mandl first removed a parathyroid adenoma, it was thought that bone changes were the chief manifestation of this disease. It is now recognized that only about one-fourth of the patients have bone changes, while the majority have renal calculi or symptoms of hypercalcemia. In 21 cases of surgically proven hyperparathyroidism without uremia operated upon during the past two years, blood calcium levels were often found to be only slightly elevated, and serum phosphorus was normal in 13 cases.

Since a prime action of the parathyroid hormone is to increase urinary phosphorus excretion through inhibiting re-absorption of filtered phosphorus by the tubules, measurement of this tubular re-absorption is a test of importance in diagnosing hyperparathyroidism. This tubular re-absorption (TRP) is measured from simultaneously collected fasting blood and untimed urine specimens by the formula:

$$TRP = 1 - \frac{\text{urine P x serum C}}{\text{urine C x serum P}}$$

where P = phosphorus concentration and
C = creatinine concentration

It was Goldman's conclusion that a low TRP value is a valuable aid in the diagnosis of hyperparathyroidism.

Choledochoduodenostomy

The observations of Large, of Detroit, have led him to conclude that the gallbladder should be removed when a wide opening between the common duct and the intestines is made. When the sphincter of Oddi ceases to function, the gallbladder simply acts as a large blind pouch and regurgitant infection may easily develop.

Dr. Wangensteen in discussing this presentation said he believes that a transduodenal investigation of the ampulla of Vater should be done in all cases of common duct stones. He had found that in 60 per cent of cases, a 3 mm probe could not be passed through the terminal duct. He believes stenosis of the duct may be the cause of and not the result of common duct stones. Few surgeons, I believe, would at the moment endorse Dr. Wangensteen's approach to this problem, though further observations may show that he is correct.

Iatrogenic Gastric Ulcer

W. E. Adams and associates of Chicago reported four benign gastric ulcers following resection done for carcinoma of the cardioesophageal area two or more years after the initial surgery. Two of the patients died of perforation and hemorrhage, respectively, and in the third, the ulcer was resected and a gastroenterostomy done with good results. The fourth patient was treated by gastroenterostomy with relief of symptoms and disappearance of the ulcer. It has been the observation of Dragstedt and others that gastric ulcers are prone to occur following vagotomy unless a drainage operation is done. Richard Sweet had seen four ulcers develop following esophagogastric anastomosis and advises drainage operation on the stomach in all such cases. Dr. Adams said that the first case he and Dr. Phemister did in 1938 for this condition is still alive.

Aplastic Anemia

General Heaton discussed the experiences at Walter Reed Hospital with the treatment of aplastic anemia by the use of splenectomy. Twelve of the 95 splenectomies during the past three years had been for this disease. The indications for the operation were thrombocytopenic purpura, severe anemia or infection due to lack of granulocytes. Six of the patients were considerably improved after splenectomy; four were unimproved; there were two deaths, both from infection, neither related to the splenectomy itself.

It was admitted that results of this operation in this condition had not been spectacular, but were decidedly better than medically treated cases in other clinics.

Pancreatic Carcinoma

In the past few years, considerable doubt has been expressed as to the value of the Whipple operation when dealing with carcinoma involving the head of the pancreas. Carcinomas arising in the region of the ampulla of Vater have been dealt with more successfully because of early obstruction of the common duct, leading to earlier diagnosis. Differentiation of lesions arising in the terminal duct from those arising in the head of the pancreas or elsewhere has been attempted by some, but unsuccessfully in the hands of most. A review of the operations of the Whipple type carried out at the hospital of the University of Pennsylvania over five years ago with 100 per cent follow-up study was presented by Jonathan

Rhoads. There have been five survivors in a series of 19 cases, a five-year salvage rate of 26 per cent.

It was the opinion of Rhoads and those who discussed his paper that the operation in this condition is a justifiable procedure. Dr. Clarence Dennis, of Brooklyn, said that in an experience with 46 cases, there had been no erroneous diagnosis. He said that patients with less than five per cent urobilinogen in the stool would have cancer in the region of the head of the pancreas in a very high percentage of cases, about 95 per cent I believe he said. The advisability of biopsy to help differentiate malignancy from chronic pancreatitis was discussed and condemned by several. Unless the pancreas is resected, too many fistulas develop and hemorrhage may be difficult to control.

On rounds with Dr. Harkins and his staff, a case in which a Whipple operation had been done was presented, and the advisability of biopsy was again discussed. They use a method that I think seems worth remembering: a Silverman needle is passed into the duodenum opposite an area where the pancreas and duodenum are intimately united and on through the opposite wall into the area of the suspected tumor. If a fistula develops, it will drain into the duodenum.

Cancer Cells in Blood Stream

The paper that caused the greatest amount of interest and speculation at the American Surgical meeting was the one presented by Dr. George E. Moore, from the clinic of Warren Cole, entitled, "Clinical and Experimental Observations of the Occurrence and Fate of Tumor Cells in the Blood Stream." A gentle method of erythrocyte sedimentation has been devised which allows study of cell concentrates from the blood for the presence of tumor cells. A majority of tumor cells are easily recognized. Actual clumps of tumor cells have been obtained both from peripheral blood and from samples of blood from veins draining a tumor site. With experience, it is sometimes possible to diagnose the type of tumor.

At surgery, blood samples from veins in juxtaposition to malignant tumors have been secured before and after surgical manipulation. The interesting and somewhat reassuring observation has been made that no increase in the number of tumor cells was noted in the blood stream after the tumor had been manipulated.

Specimens from 250 patients were reviewed and illustrations of various types of tumor cells and other non-tumor cells which may be confused with tumor cells were shown. In 179 preoperative blood studies in cases of carcinoma of the breast, stomach and colon, operable and inoperable, tumor cells were found in the blood stream in 52 per cent. The significance of these findings has not been determined. It is the feeling, however, that the vast majority of these cells are destroyed by the natural resistance of the host, else the incidence of metastases would be much higher than usually found.

Nitrogen Mustard for Cancer

Warren Cole and associates reported on experiments on rats to determine what effect intravenous injection of nitrogen mustard would have in the prophylactic treatment of cancer. Rats inoculated via the portal vein with 110,000 cancer cells developed cancer in 91.7 per cent of cases. Rats similarly inoculated but given one dose of nitrogen mustard, 0.5 mg per kilogram of weight, five minutes after injection of the tumor cells, developed cancer in only 17.8 per cent. When the nitrogen mustard was given by a systemic vein, the takes in control rats were 75.6 per cent, compared to 39.9 per cent for the treated animals. If the nitrogen mustard injection is delayed for twenty-four hours after injection of the tumor cells, cancer develops in 71 per cent, and when the injection of nitrogen mustard is delayed for forty-eight hours, little effect is noted.

With these favorable results, with the use of nitrogen mustard in the experimental animal, injection of nitrogen mustard in patients with cancer undergoing surgery was begun in April, 1956. Since that time, 65 patients have been given nitrogen mustard and 65 controls have been observed. No one past 70 years of age has been given this medication, and no more than a total of 30 mg should ever be given, regardless of the individual's size.

At the completion of the operation, .2 mg of nitrogen mustard per kilo body weight is given as follows: ⅓ in the portal vein, or tributary, in 20 to 40 cc of saline; ⅓ in the systemic vein in similar dilution; and ⅓ in 400 cc of saline is left in the abdominal cavity when a tumor in this area is being treated. At the end of twenty-four hours, 0.1 mg of nitrogen mustard per kilo body weight is given in a systemic vein and another 0.1 mg at the end of forty-eight hours.

The patients who have been treated have had cancers of the stomach, colon, rectum, and breast. Only patients who have had curative surgery have been so treated. The National Cancer Institute has become interested in this study and in addition to the above will observe the results achieved in lung and ovarian carcinoma.

To date, no conclusions have been reached, but from talking with Dr. Cole, I gained the impression that he was encouraged. No doubt everyone will watch for subsequent reports with great interest.

Ileo-entectrophy for Ascites

Another paper of considerable interest was one by J. William Hinton and associates on "The Absorption of Ascitic Fluid Following Ileo-Entectrophy in Patients with Advanced Cirrhosis." The operation of ileo-entectrophy (which consists of eversion of ileal mucosa within the peritoneal cavity) was devised to permit evaluation of the absorptive function of intestinal mucosa for the control of ascites or hydrocephalus. First, 21 dogs, made ascitic by constriction of the inferior vena cava, were studied over a three-year period. Six controls remained ascitic indefinitely. Of the 15 animals subjected to ileo-entectrophy, ascites did not re-accumulate in 14. Eight patients with advanced cirrhosis of the liver, in whom medical measures had been unsuccessful in controlling the ascites, had been operated upon. A segment of terminal ileum about 18 inches in length was everted within the peritoneal cavity and intestinal continuity was re-established. Four patients died within three weeks of hepatic failure or esophageal bleeding. The four survivors have required no further paracenteses and have taken a normal diet with impunity.

Colectomy for Hirschsprung's Disease

Orvar Swenson, of Boston, gave a follow-up of 200 patients who had been operated upon for Hirschsprung's disease with removal of the distal aganglionic segment of the large gut. All but one boy were completely relieved of symptoms. This included a number of patients referred with incomplete resection of the aganglionic segment. A group of males have been followed who are now adults, and in no instance has there been disturbance of ejaculation, or fecal or urinary incontinence. Since the mortality rate in patients over two years of age has been less than one per cent, and results so satisfactory, the operation of choice for Hirschsprung's disease is resection of the aganglionic segment.

Odds and Ends

Besides the stated papers which have been mentioned, a number of points covering various aspects of surgery were discussed with surgeons on my visits to the various hospitals previously mentioned.

Wound Closure

Dr. Arthur Allen of Massachusetts General Hospital, President of our Pan-Pacific Surgical Association, believes in secondary closure of wounds that are liable to become infected. This, I believe, was a common practice during the recent war, but I had not previously seen it used in civilian life. Following a primary resection and anastomosis for carcinoma of the colon, which I witnessed, the peritoneum and fascia were closed. Numerous retention sutures were placed but left untied. The wound was packed open with gauze down to the fascia. Forty-eight hours later, using intravenous Demerol, 100 mg for the usual adult patient, the gauze is removed and the sutures tied. In Dr. Allen's experience, such wounds heal kindly and leave as good an appearance as those that heal by the usual method of closure. Dr. Allen gave Dr. Fred Coller credit for influencing him to proceed in this fashion.

Another technical trick that I saw him use was to pack a roll of gelfoam into the ends of the open colon to prevent intestinal contents' leaking into the wound during anastomosis. The gelfoam swells and occludes the lumen as it becomes moist. Shortly, disintegration takes place and the gelfoam is passed by rectum without trouble.

I have found that using a fair sized plug of oxycel type cotton in the lower rectal and anal canal serves a useful purpose in helping to control oozing of blood following hemorrhoidectomy, and this, too, disintegrates and causes the patient no trouble.

Bile Duct Surgery

The question of operative cholangiography always comes up for discussion. Each year I inquire about this procedure, and each year I find fewer surgeons using it. Some continue to be enthusiastic over its use, but many, always for the same reasons, have abandoned it. The procedure is time consuming and increases the expense to the patient, and too often bubbles of air or other filling defects are demonstrated by x-ray, suggesting stones that cannot be demonstrated by further exploration. Everyone agrees that if this method is to be used, it should be done consistently in order to develop good technique between the radiologist and the surgeon. Most surgeons believe that few stones are left if careful and adequate exploration of the ducts is carried out.

Dr. Linton said that one can be very easily fooled about having passed a dilator through the ampulla of Vater. He is not satisfied by palpation, but must see the dark color of the point showing beneath the duodenal serosa.

Dr. Warren Cole said that with an experience with eleven cases in which stones had been left in the common duct, dissolution and disappearance of the stones in nine instances had been effected by giving the patients 3 to 4 gm doses of bile salts daily over a period of several months. He had confirmed these findings by repeated postoperative cholangiography. In the other two cases, the stones had been removed surgically.

While watching Dr. Waltman Walters operate upon a patient deeply jaundiced due to carcinoma involving the common duct opposite the entrance of the cystic duct, I saw him resort to a method—passing the long arm of a Cattell T tube through the obstructed area into the duodenum—that is worth remembering. The dilated duct above the obstruction was opened, but it was impossible to pass the limber limb of the T tube through the area of malignancy. A No. 3 catgut tie was placed around the distal end of the tube, and a metal probe was then passed into the tube above this area. He was then able to force the tube through the obstruction and on down into the duodenum. The catgut ligature is absorbed in a few days and the lumen of the tube is re-established. In Dr. Walters' experience, most obstructing lesions of the common duct due to malignancy are best palliated in this fashion. Other methods of bypassing the obstruction are much more complicated, and simply draining the bile externally is undesirable. It is very inconvenient for the patient, and occasionally so much fluid, electrolytes and other bile constituents are lost as to seriously upset the individual's physiologic mechanism.

Sometimes resorting to such simple maneuvers plays a very important part in the successful outcome of an operation. Most surgeons are cognizant of the more standard or most frequently used steps in an operation but forget or are unaware of some simple maneuvers that may prove to be of great value.

The same parade of common duct injuries which I have seen in previous visits continues to filter into the Lahey Clinic. The recent publicity given to a distinguished individual suffering from this complication treated here has increased the number of individuals seeking relief from this condition at that Clinic. Dr. Cattell said that they had now operated upon about 700 such cases.

It is a real treat to anyone interested in this problem to witness Dr. Cattell cope with this situation. Good exposure, which includes mobilizing the entire right half of the colon along with the head of the pancreas and duodenum, plus his great technical skill, permits him to complete this job usually within an hour. So far as I could tell, no new methods of handling these most unfortunate complications of biliary surgery have been evolved. Locally, I believe that those doing gallbladder surgery are better trained and more adept at exposing and protecting the biliary ducts than formerly. At least, I rarely see anyone suffering from this unhappy complication.

At the Lahey Clinic, I saw Dr. Warren explore a jaundiced patient with the hope of doing a Whipple operation for carcinoma involving the head of the pancreas. Finding the condition not suited for resection, he exposed the body of the pancreas, made an incision into the palpable dilated pancreatic duct, inserted a small T tube, passed this through the posterior wall of the stomach, and sutured the gastric wall around the tube to the capsule of the pancreas. This method of decompressing the pancreas they had found useful in relieving patients of pain in the back, which so frequently is a very distressing symptom.

Pancreatic Surgery

I inquired at the various places I visited as to the frequency of tumors of the pancreas that had been found in association with recurring ulceration of the stomach, as described recently by Zollinger. While everyone seemed to be interested in this report, no one had recognized such an association. No doubt it occurs rarely and is difficult to recognize when it does occur.

While at the Mayo Clinic, I saw Jim Priestly resect the tail and part of the body of the pancreas for a tumor causing hyperinsulinism. The patient was a man of about 40 who had been well until the past two weeks. While playing golf, he became confused, and shortly afterwards at home became unconscious and fell to the floor. His wife thought he had been over-indulging in alcohol. Subsequently, a blood sugar determination showed it to be 47 mg per cent. Intravenous glucose revived the patient and several subsequent blood sugar determinations were very low. Examinations for other conditions that may be associated with low blood sugar were negative. At operation, a small nodule was palpable in the pancreas to the left of the superior mesenteric vessels. A wide resection was made proximal to the tumor, and the pancreas distally, including the tumor, was removed.

Dr. MacDonald, the pathologist, said that it was impossible to tell the degree of malignancy of the tumor by histologic examination. I believe I quote Dr. Priestly correctly when I say that in 40 cases in which the report had been Grade I adenocarcinoma, results had been very satisfactory. When no tumor can be demonstrated, resection of the pancreas distal to the superior mesenteric vessels is recommended. A few of these cases had remained well, while others with persistence of symptoms had been re-operated upon and in some cases tumors had been found in the body and head of the pancreas. Occasionally, such tumors were found at autopsy. In one case a Whipple operation had been done and only then a small tumor lying alongside the duodenum was revealed.

Breast Sarcoma

While at the Mayo Clinic, I attended a patho-

logical conference at which sarcoma of the breast was discussed. In an experience with 56 cases of various types of sarcoma, the conclusion had been reached that the usual radical mastectomy is not indicated. No metastases to regional lymph nodes had been found. Simple complete mastectomy is advocated and postoperative irradiation was thought to be of no value. Such patients frequently give a history of a lump in the breast of long duration which has recently begun to increase in size, associated with pain and usually without nipple retraction.

Familial Polyposis

While watching Dr. Black, of the Mayo Clinic, remove the colon for familial polyposis, many aspects of this condition were discussed. Children of people with this condition, he believes, should begin being examined by proctoscopy and colon x-ray studies about the time of puberty, and should have this examination repeated at least once a year.

He believes in preserving the rectum and lower sigmoid if they are not too extensively involved with polyps. He believes in resecting the colon first and then later, after about six weeks, removing the rectal polyps by fulguration. In the case I watched, the rectum and lower sigmoid were preserved. It is important not to preserve more colon than can be examined through the proctoscope. The omentum was also retained to act as an apron over the intestines for protection. No effort was made to cover areas denuded of peritoneum. Dr. Black emphasized the necessity of not rotating the proximal gut on itself before the anastomosis is made.

He is not a believer in the Turnbull or Brook type of ileostomy. He still believes in skin grafting the protruding ileum. I believe he said that the ileum should protrude about 6 to 8 cm and that the mesentery of the ileum should be sutured to the inner side of the abdominal wall inferiorly. The ileostomy, when this is done, tends to point downward. When the protruding ileum is covered with a thick split skin graft, he finds that it works successfully in about 90 per cent of cases. In about ten per cent of cases, regardless of what type of ileostomy is, the results are unsatisfactory.

Regional Ileitis

In discussing regional ileitis, he said that it was the belief at the Mayo Clinic that the primary treatment should be medical, and surgery only used in case medical treatment was not successful or the patient developed complications, such as intestinal obstruction, fistulas, abscess formation or severe bleeding. In addition to their own unsatisfactory experience with surgery, they had been influenced by the report of Van Patter. Among 240 patients whom he had followed for at least two years after primary resection, 161, or 67 per cent, developed recurrences. After resection of the recurrent lesions, the re-recurrence rate was in excess of 80 per cent.

Medically, nothing specific has been found useful. Steroids are given in selected cases under careful supervision.

When surgery is used, resection of the involved area or areas if not too widespread is favored over the ileocolostomy with or without division of the small bowel.

Super-radical Mastectomy

Dr. Wangensteen, in *Surgical Clinics of North America.* August, 1956, stated that his super-radical operation for carcinoma of the breast (which included, in addition to the conventional radical mastectomy, excision of the supraclavicular, parasternal and mediastinal regional lymph nodes) had not in 64 patients, in his opinion, produced significant improvement over the results obtained with the usual radical mastectomy.

Dr. Wangensteen, never to be daunted, has eliminated some of the undesirable features of his original operation: namely, doing it in two stages, and making multiple incisions across the bony thoracic cage, which resulted in respiratory difficulties.

In individuals with medial malignant lesions of the breast, and in patients with axillary metastases, he is now doing the conventional Halstead operation followed by complete midline longitudinal division of the sternum and disarticulation of the sternal end of the clavicle. This approach permits removal of the breast and axillary contents, the internal mammary arteries and veins and accompanying lymph node chain, an upper mediastinal dissection, and a low supraclavicular neck dissection. Other surgeons whom I saw work or with whom I discussed this subject continue to do the usual radical mastectomy. Whether or not these more radical operations will prove to be worthwhile, only extensive application and adequate follow-up will determine. In carcinoma of the rectum, he is trying out a method of more adequate removal of lymph nodes made possible by dividing the symphysis pubis. I believe I am correct in saying that he removes sufficient colon so that he can pass a sigmoidoscope directly into the cecal area.

Esophageal Carcinoma

Dr. Clagett, in discussing the carcinoma of the esophagus problem, said he believes results in the upper part of the esophagus had been so unsatis-

factory that such cases should be referred to the radiologist and not to the surgeon. Dr. Wangensteen said he would be happy to have any of these cases referred to him because he was still of the opinion that surgery was the only thing that was worthwhile considering. Certainly no one can help but admire Dr. Wangensteen's enthusiasm in the treatment of cancer, however discouraging the outcome may seem to be.

"Second Looks"

A few surgeons with whom I talked believe in second looks, especially after operations for carcinoma of the colon. Bentley Colcock, of the Lahey Clinic, said that he believes second looks have enabled surgeons to learn where such recurrences tend to take place and that this has contributed to their doing a more complete primary operation.

Splenic Anemia

While making rounds at Kings County Hospital in Seattle with Dr. Harkins and staff, a case of splenectomy for splenic anemia was discussed. Dr. Harkins said he believes that the time would soon be here when splenectomy would only be done when definite proof was obtained that the spleen was the cause of the patient's trouble. In a series of studies in patients with splenic anemia, and in animals with analogous conditions, they have demonstrated the existence of an enlarged stasis compartment in the spleen where circulation is slow and pulp packing occurs. It has been demonstrated that cells are actually destroyed in this area. The mechanism of splenic red cell destruction appears related to the increased amount of time red cells remain in the spleen. The existence of this stasis compartment may be indicated in patients by demonstrating prolonged mixing of tagged cells and increased deposition of radioactivity over the spleen. Future progress in this study, of course, will be watched with interest.

Gastroduodenal Surgery

A discussion of ulcerating lesions of the stomach and duodenum is always of interest to those doing abdominal surgery. Much experimental work is being done principally on the dog to try and help evaluate various operative procedures recommended for the treatment of these conditions. Whether conclusions reached in this fashion are always applicable to the human, I seriously doubt.

Dragstedt in previous publications recommended gastroenterostomy very near the pylorus in association with vagotomy in the treatment of duodenal ulcers. Harkins and his group concluded that if the stoma was kept no more than 2 cm in diameter, results were satisfactory even when incision was made in the conventional location, but if the stoma was 4 cm in diameter or larger, results were not satisfactory because gastric acidity was not reduced. Pyloroplasty they found to be more satisfactory, and this they explain on the basis of the need for acid gastric content to pass over the duodenal mucosa. This, they find, has an inhibitory effect on production of gastric acidity. When a large stoma is made at the time of gastroenterostomy, most of the stomach content passes out through this opening, and thus the inhibitory mechanism is not brought into action.

Billroth I Resections

I was particularly interested in hearing what Dr. Clagett had to say about Billroth I operations, since on my previous visits, he seemed to think it was a good operation; while Dr. Walters, of the Mayo Clinic, has recently expressed himself as being opposed to this type of anastomosis following gastric resection. Dr. Clagett said he preferred the Billroth I operation for gastric ulcers and gastric cancer when it could be done after adequate resection. He apparently rarely does this operation for duodenal ulcers, largely, I believe, because he can usually get a safer anastomosis by the Billroth II method, and not, if I understood him correctly, because he had been concerned about recurrent ulceration, if sufficient stomach was removed.

Dr. Harkins, at the University of Washington, as is well known, is an ardent believer, at the moment at least, in Billroth I operations for all gastric resections. At the present time, for duodenal ulcers, they are doing a hemigastrectomy and vagotomy, using a Billroth I anastomosis. Results in their hands continue to be good, though they admit that most of their operations have been done in an older age group. Experimentally, at least, they have been able to resect selected areas of the vagus distribution, eliminating cephalic stimulation to the stomach, but preserving the function of these nerves to other parts of the gastrointestinal tract.

At the Massachusetts General Hospital and Lahey Clinic, high gastric resection with Billroth II anastomosis continues to be the operation of choice for duodenal ulcer.

Dr. Wangensteen at the present time advocates segmental resection and vagotomy combined with pyloroplasty. He has abandoned tubular resection of the stomach for duodenal ulcers.

Surgery for Gastric Ulcers

My stop at the University of Minnesota happened to coincide with the course they give yearly called, "Continuation Course in Surgery for General Surgeons." Dr. Wangensteen asked me to

present my views on the ulcer-cancer problem, which I did, and no one seemed to disagree with the belief that all ulcerating lesions of the stomach were primarily a surgical problem.

At the University of Washington, under rather similar circumstances, much opposition was expressed by the Medical Department. Dr. Rubin, a gastroenterologist, evidently quite an authority on cytological studies of this organ, said he could make a correct diagnosis between all benign and malignant ulcers of the stomach by x-ray, gastroscopic, and cytological studies in about 99 per cent of cases. My only rebuttal was that for practical purposes at the moment, there were too few people of Dr. Rubin's qualifications available. Certainly, cytological study of such lesions will be watched with great interest in the future.

Everywhere else I visited, the error continues to be at least ten per cent. At Massachusetts General Hospital, where Dr. Benedict uses the flexible gastroscope with facilities for biopsy, I was told that this method had not contributed a great deal to lessen the percentage of error in doubtful cases. No doubt Dr. Benedict feels otherwise.

Virginia Mason Clinic

In addition to my visit with Dr. Harkins and staff in Seattle, I had the pleasure of being entertained, both socially and professionally, by Dr. Joel Baker, Chief of Surgery at the Virginia Mason Clinic. The fame of the Virginia Mason Clinic and Hospital is well known everywhere and rightfully so, as I can testify to by first-hand observation. Dr. Baker, a comparatively young man, has maintained the professional standing of Dr. Mason, the originator of this Clinic, and is nationally recognized for his abilities by being elected and appointed to many offices of importance in our best medical societies. Dr. Stone, senior associate in general surgery of Dr. Baker, is also recognized for his professional attainments. I saw much of interest in the short time that my schedule permitted my spending at this institution.

Conclusion

Since 1934, we have motored over North America, including Canada and Mexico, on eight different occasions. This method of travel permits more intimate appraisal of the developments of this part of the world than does any other method of travel. Twenty-three years ago, roads were poor and places to stop for the night, outside of large cities and towns, were most inadequate. Each subsequent trip has shown great improvement, particularly noticeable west of the Mississippi River. One can travel for hundreds of miles on four-lane speedways, in various parts of the United States, that eliminate curves, hills, and hazards, much the same as has been necessary in constructing railroad beds. At the end of the day's journey, there is always an inviting motel, most of the time with luxurious conveniences, at which to stop for the night. Not far away there is a good eating place and in some of the most out-of-the-way places, we found atmosphere and food rivaling our local Gourmet and Broiler.

Professionally, an even more noticeable change has occurred over the years. Instead of most newer developments in surgery emanating from along the Atlantic Seaboard, great medical centers are being developed all over the country which are gradually but surely equalling and in many instances surpassing the accomplishments of institutions long thought to speak with the greatest authority. Complacency certainly has no place in our scheme of things if one wishes to lead the procession, whatever this endeavor may be.

Summario in Interlingua

Le decano del chirurgos general de Hawai presenta un revista del currente pensar e practicar chirurgic in America con referentia a chirurgia cardiovascular, cancere pulmonar, hyperparathyroidismo, carcinoma pancreatic, chirurgia de ducto biliari, uso de mustarda a nitrogeno in le tractamento de cancere, mastectomia hyperradical, e altere themas.

GIVE TO THE COMMUNITY CHEST

PERITONEAL LAVAGE– A NEGLECTED CLINICAL PROCEDURE

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In the absence of an artificial kidney, patients may be tided over a period of renal failure by the use of peritoneal lavage. The technique is described in detail.

THE LITERATURE indicates that we in this country are neglecting a very simple and useful clinical procedure which has been serving European physicians well since World War II.[1] When faced with the problem of severely toxic acute renal failure or any other indication for hemo-dialysis, most of us consider using the artificial kidney. A few of these machines are found in the larger medical centers around the country and a limited number of patients may be transported to them and treated effectively. On the other hand, what would we do if we were faced with the problem of needing an artificial kidney and one was not available, due either to the remoteness of our position or to the large number of patients to be treated?



DR. HEARN

Peritoneal lavage is a simple, effective answer to this problem. This method involves the filling of the peritoneal cavity with fluid of known composition and using the peritoneum as a living, semi-permeable membrane through which water and crystalloids may diffuse. The controlled composition of the intraperitoneal fluids assures that excessive loss of necessary crystalloids will not occur, while large amounts of toxic crystalloids may be removed. For more of the theory behind the method one may refer to the excellent review article by Odel, *et al.*[2]

In the past there have been numerous objections to the filling of the abdominal cavity from an external source. The principal objections were dangers of infection, electrolyte imbalance, and hypoproteinemia. These objections have been removed by the advent of improved concepts of sterility, antibiotics, improved intravenous solutions and understanding of fluid and electrolyte balance. In short, the same clinical advances which have made the artificial kidney feasible have removed the hazards of peritoneal lavage. The physician may now, using the clinical knowledge and laboratory facilities which are widely available, easily preserve the chemical status and cellular elements of the blood during dialysis and prevent or adequately treat any ensuing infection.

Method of Lavage

Basically, there are two types of lavage, intermittent and constant. Statistical analyses of clinical trials indicate that intermittent lavage has the advantages of causing less infection, having less tendency to pooling and channeling of fluid in the abdomen, using smaller volumes of fluid, and requiring much simpler apparatus.

We feel that the method of lavage described by Grollman,[3] using an indwelling polyethylene tube in the peritoneum, is most practical. The tube used is the ordinary polyethylene nasogastric tube. It is prepared by cutting twelve to fifteen 2-3 mm holes in the distal ten inches and soaking the tube several hours in Zephiran solution.

A paracentesis is then performed as follows: (1) using the usual aseptic technique the trocar is inserted into the abdomen 1-2″ below, and 2-3″ to the left of, the umbilicus; (2) the obturator of the trocar is then removed and the prepared tube inserted downward and toward the right for 12-15″; (3) the trocar sleeve is then removed, leaving the tube in place; and (4) the tube is sutured securely to the abdominal wall. An ordinary intravenous tube is attached to the free end of the nasogastric tube and the area bandaged to include the junction of the two tubes.

Received for publication on February 6, 1957.

[1] Henninger, H.: Peritoneal Dialysis as a Means of Detoxification in Uremia and other Toxic Conditions, J. Internat. Coll. Surgeons 19:533-554 (May) 1953.

[2] Odel, H. M., Ferris, D. O., and Power, M. H.: Peritoneal Lavage as an Effective Means of Extra-renal Excretion, Am. J. Med. 9:63-77 (July) 1950.

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[3] Grollman, A.: Acute Renal Failure, Charles C. Thomas Co., Springfield, Illinois, 1954, pp. 58-69.

A simplified solution has been devised by Zerzan and his associates at Letterman Army Hospital.[4] Its constituents are shown in Figure 1. The resulting solution is practical, in that its ingredients are commonly stocked intravenous solutions; it is safe, in that there is little chance of contamination in handling; and it is effective, as proved by clinical trials.[4]

The mechanism of lavage with this solution is also very simple. The standard intravenous solution bottles fit easily on the free end of the intravenous tubing and the three liters are allowed to flow one after the other into the peritoneal cavity by force of gravity. The fluid is allowed to remain undisturbed intraperitoneally for two to three hours. The same three intravenous bottles are then placed on the floor and are refilled from the abdomen, one after the other, again by force of gravity. The solution described has been found to maintain adequately all of the serum electrolytes except calcium. Since this ion is not in the solution it must be given parenterally. Ten cc of 10 per cent calcium gluconate intravenously after each two dialyses has been found to be adequate to prevent hypocalcemia and tetany.

Indications for Treatment

1. *Acute Renal Failure.* Peritoneal dialysis is indicated in acute renal failure which is considered clinically to be reversible (whether due to hemolytic reactions, severe trauma, severe burns, heavy metal poisoning or other causes) in which conservative therapy has not been adequate. If in spite of restriction of water and electrolytes and forced high caloric regimen along with good supportive therapy, one of the following indications develops, lavage should be carried out: 1. A very high B.U.N. which is rising. 2. Serum potassium of 7.0 mEq/L and rising, especially if there are ECG abnormalities. 3. A CO_2 combining power of less than 12 mEq/L. 4. A patient who has been overloaded with water and salt during early treatment.

2. *Chronic Uremia.* Peritoneal lavage is not usually indicated in chronic uremia. However, in an acute exacerbation precipitated by intercurrent infection, operation, or other renal stress the patient may be supported by the procedure, relieved of symptoms, and perhaps be permitted to return to an active life when the stressful circumstances have been overcome.

3. *Intoxication with Bromides, Salicylates or Phenobarbital.* The removal of bromide by peritoneal dialysis is far faster than by the normal kidney, since it is more selectively removed by this method. Peritoneal dialysis is felt to be indicated in severe salicylate poisoning in which there is marked electrolyte imbalance or profound central nervous system disturbances. The removal of phenobarbital is greatly enhanced by peritoneal lavage. The other barbiturates, Nembutal and the shorter acting barbiturates, are removed also, but not as rapidly as phenobarbital.

Contraindications

The contraindications of peritoneal dialysis are self explanatory. They are (1) recent extensive abdominal surgery; (2) peritonitis; (3) infections of the anterior abdominal wall; (4) marked bowel distention; (5) extreme obesity of the abdominal wall; and (6) extensive adhesions from previous surgery.

Duration of Therapy

In general, it may be stated that the lavage should be carried out until the results desired have been obtained. This is obvious in the case of edema or poisoning. In renal failure, however, these desired results should be more clearly defined. It is felt that the therapy should be continued in renal failure until the B.U.N. is less than 100 mg%, *or* excretion of urine exceeds 1,000 cc daily, *or* urea in the urine exceeds the urea in the dialysate for the same 24-hour period. Grollman feels that six to twelve dialyses at two-hour intervals should suffice to reach one of these end-points.

Hazards of Therapy

The hazards of therapy include: (1) Channeling and pocketing of the flow tract. This problem is limited to continuous lavage, and is important because it reduces the efficiency of the lavage. (2) Complications arising from the tubes: a. Plugging and leaking. This problem may require changing the tube. b. Perforating a viscus. This can usually be prevented by proper care and should be detected as soon as possible. There has only been one case reported. This was a perforation of the cecum when the trocar was inserted into the right lower quadrant. c. Eroding blood vessels. There has been only one case reported in which the lavage had to be interrupted due to erosion of a blood vessel. (3) Peritonitis. This is rarely seen in intermittent lavage. (4) Depletion of protein. Even when the lavage is being carried out without complications the protein content of the lavaging fluid nearly always approximates 0.1 mg%. During intermittent lavage the change in the protein content of the blood is slower and easily detected and may be corrected with small

[4] Zerzan, C. J., and Berry, W. C.: Potassium Intoxication in Hemorrhagic Fever Successfully Treated by Peritoneal Lavage. To be published.

1000 cc. 5% Dextrose in Distilled Water.
1000 cc. 5% Dextrose in Normal Saline.
1000 cc. Normal Saline.

To Each Liter Add:

45 mEq.....Sodium Bicarbonate
4.0 mEq.....Potassium Chloride
100,000 Units.....Aqueous Crystalline Penicillin

FIG. 1.—Composition of lavage fluid.

whole blood transfusions or with human albumin. (5) Electrolyte imbalances and tetany. By proper content of lavaging fluid and careful following of the patient these may be avoided.

Precautions During Therapy

1. The serum electrolytes and proteins should be followed closely. 2. The red blood count should be followed closely since there is a tendency to its gradual decrease. 3. Careful intake and output should be kept to follow the hydration of the patient.

Summary and Conclusion

In summary, we have presented a simple effective method for the extra-renal removal of toxic substances from the blood. The indications and contraindications were presented and a dialyzing solution made from common intravenous solutions was described.

In conclusion it may be stated that in reversible conditions when the indications for dialysis are present and it is not feasible to use an artificial kidney, either due to the remoteness of the location or to the large number of patients to be treated, peritoneal lavage may be performed simply and with excellent chances of good results.

Summario in Interlingua

Es presentate un simple e efficace methodo pro effectuar le elimination extrarenal de substantias toxic ab le sanguine. Le indicationes e contraindicationes es discutite, e un solution dialysatori —facite ex commun solutiones intravenose—es describite.

In statos de typo revertibile—in le presentia del indicationes pro dialyse sed sub conditiones que non permitte le uso de un ren artifical a causa de isolation geographic o a causa del grande numero de patientes a tractar—lavage peritoneal secundo le presente methodo se recommenda per le facilitate de su execution e le forte probabilitate de bon resultatos.

Case Report

METASTATIC CARCINOMA OF THE CHOROID

WILLIAM JOHN HOLMES, M.D.,
Honolulu

A 67-year-old Caucasian male requested an eye examination in October, 1956. He complained of failing vision in his right eye of six weeks duration. He had no other subjective complaints referable to his eyes or to his general state of health.

In 1951, I had removed a cataract from his right eye and in 1954, one from his left eye. Following surgery, his corrected vision was 20/20 in the right and 20/25 in the left eye.

Right vision was now reduced to 20/400, and could not be improved with lenses. A central scotoma measuring approximately 5° by 5° was present. The right eye was white and free from evidences of inflammation. In the right fundus, above the disc, there was an elevated, yellowish area. Over its surface, the retina appeared stippled. Transillumination of the eye was non-contributory. The right intraocular pressure was within normal limits. The left vision, with glasses, was 20/30. The left eye was essentially normal except for a surgical coloboma of the iris and a missing lens. The diagnosis was right intraocular tumor.

The patient was referred to his family physician, Dr. L. A. R. Gaspar. Dr. Gaspar reported that physical examination was essentially negative. X-rays of the gastro-intestinal system and chest did not reveal any abnormalities. The thyroid, prostate gland, and breast also appeared free of disease. A small, hard supraclavicular lymph node was noted on the right side. On biopsy this lesion was reported to be secondary papillary carcinoma.

Received for publication August 1, 1957.

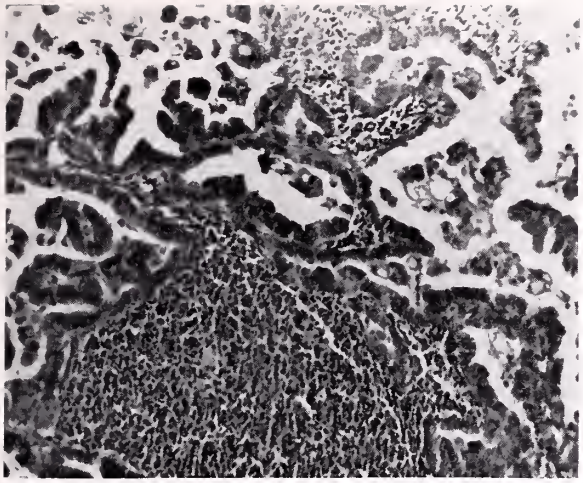


FIG. 1.—Adenocarcinoma in lymphnode. Note occasional mucus-secreting or signet ring cells. X140

In two months' time, the elevated area in the right fundus had increased in size and exhibited further pigmentary disturbance. The external appearance of the right eye had continued normal and the patient remained free of pain in his right eye.

In October, 1956, the right eye was enucleated.

Pathologic examination of the eye showed secondary, metastatic, papillary carcinoma of the choroid, identical in structure to that present in the right supraclavicular node. No evidence of extraocular extension was present.

Metastatic carcinoma of the choroid is very uncommon. Stallard noted that it occurred once in 140,000 ophthalmic hospital patients. The total recorded cases in the literature according to Beddel was 250.

The most frequent primary sites are the breast, lungs, bronchi, stomach, thyroid gland, prostate, ovary, parotid gland, etc. As in our patient, the metastatic form frequently manifests itself before symptoms develop in the primary site. Usher found the average life expectancy of patients with adenocarcinoma of the choroid to be about eight months. At the time of this writing, one year after the tumor was first discovered, our patient is still alive.

Alexander Young Bldg.



FIG. 2.—Right eye. Note plaque of metastatic carcinoma on posterior aspect. X2.3

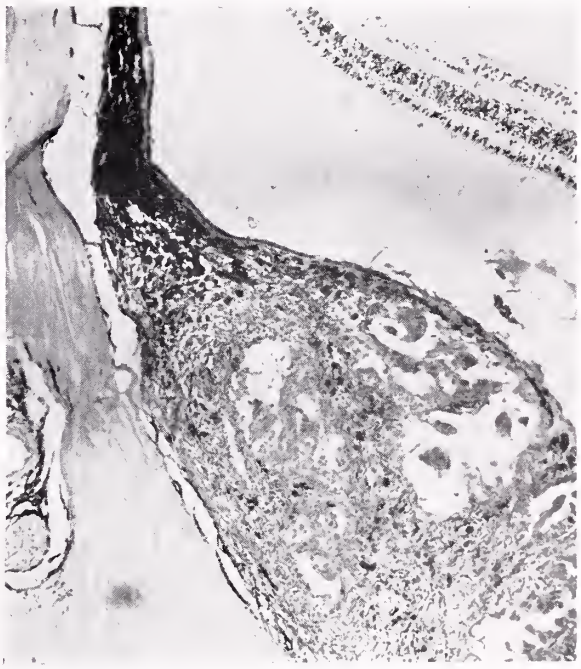
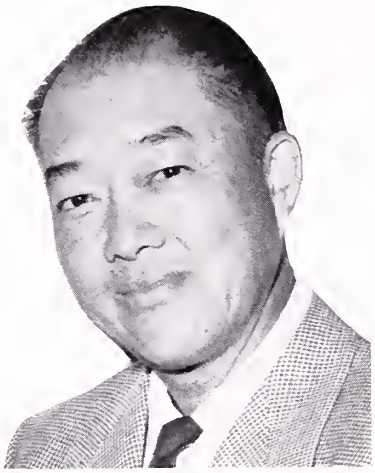


FIG. 3.—Right eye. Note edge of plaque of metastatic adenocarcinoma between retina in upper right hand corner and sclera on left. X60

GIVE TO THE COMMUNITY CHEST



B. Chang

SAMUEL L. YEE, M.D.

The President's Page

The amount of business transacted by the House of Delegates at the AMA convention was not voluminous but some of the decisions arrived at were significant. For instance, Medicare was approved by a great majority, one of the reasons being that this government-supported program eliminates the necessity of a large doctor draft to staff the military and veterans' institutions. It was interesting to note that a few of the delegates preferred Medicare on an indemnity basis; a handful voiced the opinion that it should be discontinued altogether.

Speaking locally, your Medicare Committee again requests that all claims presented by doctors be coded, despite HMSA's opinion to the contrary. Coding your claims will expedite payment. Your committee is also working toward the objective of a single fee for OB cases regardless of the trimester during which the patient first consults her physician. This would be applicable unless the patient changes doctors during her pre-natal care.

Dr. Verne Waite and his committee have been discussing ways and means of setting up a fund for widows and children of deceased doctors.

At the last annual meeting of the HMA the House of Delegates voted to replace one-half of the members of the Emergency Medical Committee. This committee has met recently and made its recommendations. The newly appointed members will be announced shortly.

The Aetna Insurance Company has concluded a contract for the employees of General Electric by which Aetna will pay 80 per cent of the medical bills and 20 per cent will be the responsibility of the patient. This is a significant example in support of the principle that patients should assume some responsibility for their indebtedness.

While at the AMA convention your president was interested in the operations of the Blue Shield plans in other states. During many interviews it was pointed out (in every instance) that Hawaii's troubles are due to the fact that the doctors do not have control of what is alleged to be their own pre-payment system. This opinion was voiced by such experienced men as Jay Ketchum of Michigan and Dr. Norman Welch of Boston.

The beginning of another school year is upon us; time to think of the mothers upon whose shoulders usually falls the job of preparing the youngsters for school. Time to think also of our Woman's Auxiliary, whose work for the profession none other could or would do. It's time, then, that more moral support and, if possible, financial support be given them. There should be a representative from Hawaii to the National Auxiliary Convention. Can we do something about it this year?

Samuel L. Yee, M.D.

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[EDITORIALS]

Pan-Pacific Surgical Association

The Seventh Congress of the Pan-Pacific Surgical Association is scheduled for November 14 to 22 at the Hawaiian Village Hotel in Honolulu. Some 240 speakers are on the program.

For the first time in the association's history, it is possible to hold all the sessions at one hotel. Eighty-seven per cent of the men attending the Sixth Congress expressed the hope that facilities for this would be available in the future.

Twenty-one countries are represented in the surgeons thus far registered for the Congress.

Dr. Arthur W. Allen, Boston surgeon and president of the association, will preside over the opening session, at which speakers will include Rear Admiral B. W. Hogan, Surgeon General of the Navy; Brig. Gen. O. K. Niess, Commanding Surgeon of the Far East Air Force, and Dr. Frank B. Berry, Assistant Secretary of Defense (Health and Medical).

Also speaking at the opening session will be the following presidents of professional associations: Drs. David B. Allman, American Medical Association; William L. Estes, Jr., American College of Surgeons; Danely F. Slaughter, American Cancer Society; Ira Lockwood, American College of Radiology; W. J. Hope-Robertson, Ophthalmological Society of New Zealand; and Francis P. Morgan, Society of Australasian Neurological Surgeons.

Saturday and Sunday, November 16 and 17, are left free in order that delegates may visit neighbor islands.

Each morning there will be breakfast clinics at which a panel will discuss such questions as what is conservative surgery in gynecology and whether superradical surgery for cancer is justified.

This will be followed by the presentation of formal papers in the morning sessions. The following eight sections will be meeting simultaneously: General Surgery, Cardiovascular and Thoracic, Obstetrics and Gynecology, Orthopedics, Neurosurgery, Urology, Otolaryngology, and Ophthalmology. There will also be a hospital institute for hospital administrative personnel.

The afternoons and evenings will be free for personal contacts and entertainment. A party for each of the specialty sections is planned.

Summarios in Interlingua

Le facto que vos es capace a leger iste texto prova sufficientemente que le lingua international cognoscite como "interlingua" es intelligibile pro lectores cultivate. Isto se ha monstrate ver sin reguardo a si le lingua materne del lector es anglese, espaniol, francese, o mesmo un lingua oriental.

In le curso del passate cinque annos le reception accordate a Interlingua ha essite si favorabile que currentemente 17 jornales medical publica summarios in interlingua, e illo ha functionate como sol lingua secundari in le programmas de septe congressos medical international.

Le summarios in interlingua que seque le articulos in iste numero del JORNAL MEDICAL DE HAWAI esseva producite a modestissime costo per le Division de Interlingua de "Science Service" in Washington, D. C. Le chef del Division de Interlingua es Alexander Gode, le homine principalmente responsabile pro le disveloppamento de iste remarcabile lingua international.

Nos spera que nostre lectores a omne costas del Pacifico trova iste summarios utile *e que illes vole ben dicer lo a nos*. Le continuation del summarios in interlingua depende del responsa del lectores.

Principles of Medical Ethics of the American Medical Association

The new revised and condensed Principles of Medical Ethics of the American Medical Association, adopted at the New York meeting last June, "are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws, but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public."

So says their Preamble. Herewith, their text:

1 The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

2 Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

3 A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

4 The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

5 A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

6 A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

7 In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

8 A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

9 A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

10 The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

Please! Turn to page 87, and kokua!

This is What's New!

Increase in **blood ammonia** levels, blamed by some as causing the mental and neurological disturbances in hepatic **cirrhosis,** can be controlled by oral administration of **neomycin.** Eight to 12 grams daily of neomycin resulted in a return of blood ammonia levels to normal in eleven patients studied in New York. Clinical improvement in neurological or mental symptoms paralleled the reduction in blood ammonia levels. The drug works by destruction of ammonia-producing bacteria in the intestines. (*New Eng. J. Med.* [May 30] 1957.)

* * *

The **Asiatic flu,** thus far characterized by an attack rate of about 15 to 20 per cent and a mortality of a small fraction of 1 per cent, will be combatted by **monovalent vaccine** before the year is out. Six companies are now manufacturing the vaccine under supervision of the National Institute of Health. It will probably be available to the private physician some time in the late fall. All initial supplies will go to the Armed Services. (*W.W. Med. News Service* [August 7] 1957.)

* * *

A large teaching hospital in Washington, D. C., reviewed its **diagnostic errors;** that is, those cases where the diagnoses were made at the autopsy table. An incorrect diagnosis was made in six per cent of the cases coming to autopsy. Infections, especially pneumonia and meningitis, were the most commonly missed diagnoses. In almost half of the patients with missed diagnoses, a history could not be obtained because of alcoholism, confusion, shock, or coma. Most errors were made, not because of lack of medical facts, but because of certain deficiencies of medical judgment. Incidentally, the worst months of the year to enter the hospital, from a diagnostic standpoint, were June and July, with more missed diagnoses occurring in June than in any other month of the year. (*Ann. Int. Med.* [July] 1957.)

* * *

That **dizzy young lady** with the **low blood pressure** may have the **pulseless disease of Takayasu.** This arteritis of the vessels coming off the aortic arch results in insufficient blood to the head and upper extremities. Dimness of vision, dizziness, cataracts and weak pulsations in the upper extremities are often evident. The disease was discovered by Takayasu in Japan in 1908, but was not recognized in the United States until 1952. So far, less than half a dozen cases have been described in the United States, so the chances are that the young lady has something else. (*Circulation* [June] 1957.)

* * *

The use of improved **BCG vaccine** to reduce the incidence of tuberculosis among certain groups in the United States is being encouraged by some American experts. **Freeze dried** vaccine and **multiple puncture** techniques have enhanced the acceptability of vaccination. Many of the experts are concerned because while there has been striking reduction in mortality due to tuberculosis, there has been no such dramatic drop in the number of newly reported cases of tuberculosis. The American specialist, largely influenced by favorable results in foreign countries, believes that BCG may reduce the new case rate in the United States. (*J.A.M.A.* [June 29] 1957.)

* * *

A new chemical provides protection from death by x-rays. Betaaminoethylisothiuronium bromide HBr, fortunately abbreviated to **AET,** was found to give complete **protection from an x-ray dose** that resulted in 100 per cent mortality in mice not receiving AET. This was next tried in monkeys, with the same results. All monkeys receiving 650r of whole body x-radiation died; all monkeys receiving AET before x-radiation with 650r survived. This, of course, may be of tremendous practical importance if further study bears this out. (*Science* [May 31] 1957.)

* * *

The young traveling salesman was getting nowhere fast because he suffered from **coprolalia,** the involuntary utterance of obscenities. This had plagued him since the age of nine, bothered him little when he served in the British Army as a sergeant [Why?—Ed.] but was wrecking his life as a salesman. After two hundred hours of psychoanalytically oriented psychotherapy, he was still ticking away with obscene four-letter words. After a series of **carbon dioxide inhalations,** the tic ceased and he was able to make a "successful and profitable 4000-mile trip for the company." (*Brit. Med. J.* [June 29] 1957.)

Fred I. Gilbert, Jr., M.D.

In Memoriam - - Doctors of Hawaii - - X

This is the tenth installment of In Memoriam—Doctors of Hawaii.

Tai Heong Kong Li

Dr. Li, known professionally as Dr. Tai Heong Kong, was born in Hong Kong April 25, 1875.

Dr. Li received her early education in the Berlin Mission Lutheran Church, where as a baby she was left in a basket at the doorstep. At 14, having shown brilliance in her studies, she was given a scholarship to study medicine. She matriculated at the Canton Medical College where her beauty and brilliance attracted Dr. Khai Fai Li, who was also a student at the college.



They were engaged during their internship, which they served at different colleges. In 1896, at the conclusion of their internships, they were married.

A Honolulu merchant, her husband's cousin, in China on a business trip, influenced the young couple to come to Honolulu for a honeymoon.

Ten days after they were married they sailed for Hawaii, arriving July 4, 1896. After a year's stay they applied for permanent residence. Sanford B. Dole, then the first President of the new Republic of Hawaii, granted them this status after they passed their medical board examinations. Thus they were not only among the earliest doctors to practice here, but they were the first of their race to practice Western medicine in the Islands.

Dr. Tai Heong Kong Li was also one of the first women physicians in Hawaii.

In 1946 Robert L. Ripley of Believe-It-Or-Not fame featured her nationally in a cartoon. In 1948 he featured both husband and wife in an international broadcast as the couple with the longest record of medical practice in the world.

Dr. Li was a gynecologist and obstetrician, and during her practice in Hawaii delivered over 6,000 babies of all races. She often accepted in payment for her services a bag of rice, a bunch of bananas, or a basket of eggs, her philosophy being that cleverness and riches are not nearly so important as humility, the love of friends, and service to humanity.

She was active in church, community, and welfare work. In 1940 she was given a testimonial for outstanding service in community work.

On July 14, 1946, Dr. Li and her husband observed their golden wedding anniversary, the 50th anniversary of their separate medical practice, and their 71st birthday anniversaries with an open house at their Kukui Street residence. More than 1,000 relatives and friends paid their respects to the venerable couple.

Tributes were received from all parts of China, Siam, the Philippines, Australia, New Zealand, United States, England, Canada, and Germany.

Dr. Li made her first trip back to China in the summer of 1948 after 53 years of medical practice in the Territory.

On August 11, 1951, Dr. Tai Heong Kong Li died at the age of 76, mourned by people of many races and many religions.

She was survived by her husband and colleague, Dr. Khai Fai Li, and nine children, as follows: Dr. Min Hin Li, organizer of the Rotary Club of West Oahu, the Kau-Tom Post of the American Legion, the American-Chinese Civic Association of Hawaii, and Past Commander of the American Legion; Dr. Benjamin Li; Dr. Elizabeth Li, 18 years in medicine with the Nationalist government of China; Mrs. Mary Li Sia, authority on Chinese cooking; Joseph Li, Yale 1924, with the City and County government; Li Ling-Ai, lecturer, writer, and actress, Far Eastern Director of Believe-It-Or-Not Ripley Inc.; Mrs. Sadie Li Goo, former acting principal of the Kawailoa School for Delinquents and at present counselor of the audio-visual educational department of Kawananakoa School; Goldie Li Ching; and Mrs. Sylvianne Li Chun, well-known club woman and past president of the Chinese Women's Association and the American-Chinese Club Women's Auxiliary. Dr. Li also left 13 grandchildren.

—Li Ling-Ai

Khai Fai Li

Khai Fai Li was born July 18, 1875, in Canton, China. His father, the Reverend T. Y. Li, was a minister of the Canton Lutheran Church and an educator. His mother, Dr. Tung Wan Woo, was a physician, a graduate of the medical college of the John G. Kerr Hospital in Canton.



Dr. Li attended the Canton Medical College where he met and was attracted to Tai Heong Kong, who became his wife. He interned at the Pahoi Hospital, Kwantung.

At the conclusion of their internships in June, 1896, Dr. Li and Tai Heong Kong were married. They had nine children: Dr. Min Hin Li, Mrs. Richard H. P. Sia (Mary Lin Sang Li), Dr. Elizabeth Kang Sang Li, Joseph L. Li, Dr. Benjamin M. Li, Miss Li Ling-Ai, Mrs. Tin Chong Goo (Sadie Hing Oi Li), Mrs. Robert B. Ching (Goldie Joan King Sang Li), and Mrs. Philip F. Chun (Sylvianne Fook Oi Li).

Dr. Li's cousin, Lee Toma, a tobacco merchant in Honolulu, while on a business trip in China, convinced the doctor that he and his wife should come to Hawaii. Ten days after their marriage they sailed for Honolulu and arrived July 4, 1896.

Coming as travelers, their stay was limited to one year. After consulting with President Sanford B. Dole, they were granted permanent residence on condition that they both pass the medical board examinations. This they did and began their practice.

Dr. Li was soon put in charge of the Wai Wah Yun Yee (hospital) in Palama. He is said to have identified the first case of bubonic plague in Hawaii, and in 1911 he identified the first case of cholera. In both cases he immediately notified the Board of Health and measures were taken to safeguard the public health.

Dr. Li had a wide range of interests—medicine, civic affairs, politics, journalism, and sports.

He and his wife helped to found the First Chinese Church of Christ.

As a journalist he established the Chinese newspaper "Sung Chung Kwock Bo" (New China Daily News). For 15 years he was its editor and later became editor emeritus. His fearless editorials aroused much opposition and at one time his house was stoned and the windows smashed. But he courageously stuck to his editorial position and won lasting respect.

For many years he was president of the Constitutionalist Association of Honolulu, which was dedicated to the principles of the famed sage and political leader of China, Dr. Kwang Yu Wei. This association supported the development of democratic forms of government in China and in more recent years opposed communism.

In 1910 Dr. Li helped to establish Mun Lun Chinese Language School, the largest Chinese educational institution in Hawaii.

The doctor had many sports interests but baseball was his favorite. In 1908 he organized the Aala Baseball Team, the first all-Chinese team in Hawaii, and was its manager for many years. He was also an excellent marksman, winning the Kirmess Cup in rifle shooting competition in 1911.

Along medical lines he was a leader in fighting against the use of opium by Chinese here and helped to organize the Chinese Anti-Opium Society.

Dr. Li was a man of forthright principles and speech. On discovery of a case of bubonic plague among the Chinese, he insisted that the victim should be taken to a hospital at once. The patient died and it was said that the old-time Chinese blamed Dr. Li and the hospital. As a result, Dr. Li's practice dropped off markedly, and he was forced to resign from the Wai Wah Yee Yun hospital staff. However, his practice among other groups grew steadily and he became extremely busy.

In 1950 Dr. Li and his daughter, Li Ling-Ai, made a trip to Hongkong, Bangkok, Saigon, and elsewhere to enable Dr. Li to see his relatives and friends in China. They were able to meet nearly 200 relatives, although some were already behind the "Bamboo Curtain" of communism.

In 1948 Robert L. Ripley of Believe-It-Or-Not fame featured both Dr. and Mrs. Li on his radio program during his brief stay in Honolulu.

Dr. Li died in Honolulu March 9, 1954, at the age of 78.

Robert Joseph McGettigan

Robert Joseph McGettigan, a native of California, graduated from Cooper Medical College, San Francisco, in 1891.

Dr. McGettigan came to the Islands in the 1890's. He spent 24 years in the service of the Territorial Board of Health as government physician at Olaa, Hawaii, on Maui, and lastly at Waipahu, Oahu. He also acted as plantation physician and government registrar of births, marriages, and deaths.

The doctor was married and had ten children. He died July 14, 1920, at Waialua, Oahu, at the age of 51.

He was a member of Honolulu Lodge No. 616, Elks.

"The late physician was a man of exceptionally excellent character, possessing a pleasing personality, very approachable and very likeable and numbered many personal friends to whom news of his death will be a shock." The above is quoted from "The Pacific Commercial Advertiser" of July 15, 1920.

John W. Waughop

John W. Waughop was born in Tazewell County, Illinois, on October 22, 1839. His early education was received in country schools. He entered Eureka College but left in his second year to enlist in the Civil War in response to President Lincoln's call for 75,000 men for 90 days. At the end of his 90 days he re-enlisted for three years. John took part in the battles of Fort Donelson and Shiloh. Afterward he did hospital service in Louisiana and at Vicksburg. In 1864 he was honorably discharged.

After the completion of his army service, he entered the medical school of the University of Michigan. He then attended Long Island College Hospital, Brooklyn, and graduated in 1865.

Dr. Waughop began his practice in White Cloud, Kansas, of which city he was later elected mayor.

In 1866 he married Eliza S. Rexford. The couple had one son, Dr. Phillip Rexford Waughop.

He moved to Olympia, Washington, in 1871, and practiced for nine years. In 1880 he accepted the position of superintendent of what later became Western Washington Hospital for the Insane at Steilacoom. Dr. Waughop retained that position for over 16 years.

For some time prior to his death, Dr. Waughop made his home in Koloa, Kauai.

Dr. Waughop died September 14, 1903, aboard the Canadian-Australian liner *Moana* within a few weeks of his sixty-fourth birthday.

He was a member of the G.A.R. in Olympia, the American Medical Psychological Association, and the New York Medico-Legal Society. For several years he was president of the Medical Society of the State of Washington.

Archer Irwin

Archer Irwin was born in Shelburne, Nova Scotia, Canada, in 1867. His parents were Robert Gure and Isabel Archer Irwin. He graduated from Dalhousie University, Halifax, Nova Scotia, in 1892.

Dr. Irwin began his practice in Hebron, Nova Scotia. In 1897 he came to Hawaii. With the exception of a period in 1909 when he was associated with Dr. Hodgins in Honolulu, Dr. Irwin was plantation physician for Honomu, Hakalau, Laupahoehoe, and Ookala plantation on the Big Island until he moved to Hilo where, he practiced until 1915.

Dr. Irwin married Louise Monte Verde. Three children were born to the couple: John, Marjorie and Robert.

Keenly interested in politics, Dr. Irwin was very active in the Democratic party. He was elected to the Territorial legislature from the first representative district in the year 1912 and served as a member of the House of Representatives during the 1913 session. At the conclusion of his term of office, he did not seek re-election.

Dr. Irwin came to Honolulu in 1915 on account of illness. His death occurred February 22, 1916, in Honolulu as the result of an automobile accident. He was 49.

(*Continued on page 74*)

Hawaii Medical Association

AMA Delegate's Report

Eight Hawaii physicians, in addition to your Delegate and Alternate, registered for the New York meeting of the AMA: Leo Bernstein, Maurice DeHarne, Peter King, John Holmes, Marquis Stevens, Jun-ch'uan Wang, William Walsh, and Lester Yee.

The Honolulu County and Hawaii Territorial Woman's Auxiliaries were awarded certificates of merit for raising funds for the American Medical Education Foundation; their Evening at Home had raised more per capita than was raised by any other Auxiliary.

Only a modest 70-odd resolutions were introduced in the House of Delegates, and the reports of reference committees were adopted with very little discussion. Highlights of the actions recommended, and taken, were as follows:

The new condensed Principles of Ethics were adopted with some relatively minor last-minute revisions, some of them made on the floor. The controversial Section 7, which formerly read that "drugs remedies or appliances may be dispensed or supplied by the physician provided there is no exploitation of the patient," was amended to read "provided it is in the best interests of the patient." Section 10 was rephrased a little more elaborately and a little less grammatically. The full text appears in the editorial section.

Resolutions to favor compulsory inclusion of doctors under Social Security, introduced by New York and Connecticut, were disapproved, and even a plan to survey the AMA membership by referendum on this question was modified by addition of a stepped-up "educational" program to forestall, if possible, any substantial expression of opinion in favor of compulsory social security coverage for doctors.

In place of these suggestions, approval was given to continuing support of the Jenkins-Keogh or Reed-Keogh bills, HR 9 and HR 10, which in essence permit postponement of payment of a portion of the Federal income tax.

A Georgia resolution was adopted, specifying that radiology, pathology, anesthesiology, and physical medicine "are practices of medicine" and must be compensated accordingly (and not as hospital services) under Medicare. An Illinois resolution, also approved, states that hospital residents are not to be compensated for services rendered under Medicare.

Hawaii's resolution opposing the "closed shop" principle in admission of doctors to hospital staffs was "disapproved," ostensibly because it was unnecessary, though the feeling was expressed that in some sections of the country this method of excluding physicians from hospital staffs is relied upon and would not be easily relinquished.

A ten-page supplementary report of the Board of Trustees on occupational health programs, which in essence limits the scope of such programs to conditions related directly to the job, was adopted. The reference committee deleted the statement that periodic occupational health examinations should "ascertain (among other things) any health needs requiring the attention of a personal physician." If such health needs *are* discovered, however (presumably through inadvertence!) the physician is advised to "encourage (the individual) . . . to consult his personal physician."

Another supplementary report of the Board of Trustees, also approved and adopted, recommended continuation of the AMA Committee on Poliomyelitis, to act in an advisory and "catalytic" capacity to promote the vaccination against polio of as many persons under 40 as possible, through state and county programs and in physicians' offices.

Straight internships in obstetrics and gynecology were approved only if "of superior educational content," and the same restriction was placed on all straight internships.

Dr. Gunnar Gundersen of La Crosse, Wisconsin, was unanimously elected President-Elect of the AMA. Jesse Hamer of Phoenix, Arizona, was elected Vice-President under David Allman of Atlantic City, the new President. George Lull and Josiah Moore were re-elected Secretary and Treasurer, respectively. Drs. Vincent Askey and Louis Orr were re-elected Speaker and Vice-Speaker. George Fister of Utah replaced James Reuling on the Board of Trustees; Raymond McKeown of Oregon was elected Trustee over James McCarthy to replace Thomas Murdock, deceased; James Appel of Pennsylvania defeated Norman Welch of Massachusetts by 3 votes and Cleon Nafe of Indiana won over James McVay (whose term just expired) for the third and fourth vacant Trusteeships, respectively. Five vacancies on Councils (the AMA's permanent committees) were also filled by election. The Tellers, of whom your Delegate was one, were busy. No previous AMA election has been held with so many delegates (191) present and voting.

The next meetings of the AMA will be in Philadelphia, December 3-6, and San Francisco, June 23-27, 1958. The winter meeting in 1958 is to be in Minneapolis, December 2-5.

HARRY L. ARNOLD, JR., M.D.,
Delegate

AMA Alternate Delegate's Report

An alternate delegate attending the AMA meeting for the first time could be in a state of puzzlement through the session. Fortunately, I had been conditioned beforehand, so my growing pains were mitigated somewhat. Actually if one cared for this sort of thing—and my estimate is that only a very few in our society could be interested—the proceedings are enjoyable as well as educational.

The business sessions of the House of Delegates were held in the main ballroom of the Waldorf Astoria. The room was air conditioned and the seats fairly comfortable. The manner in which the speaker of the House—a doctor—conducted the business of the day was fascinating. Your alternate delegate has no vote so he just sits and listens—and sometimes yawns, but only because of the night before.

Breakfast was usually enjoyable because it was free. The California delegation generously extended a glad hand and a standing invitation to the Hawaii delegates to their breakfast caucus meetings as well as to their other functions. Most of the politicking is carried out in this fashion. Of course, there are cloak room meetings and secret conclaves, of which your alternate delegate knows nothing. The lunches also were eaten in a friendly atmosphere of votes. The food was always good and there was never a shortage of vegetables, especially corn—southern corn, that is, in liquid form.

One of the most important things to me at this session was the opportunity to meet and talk to doctors from different parts of the country. Many of their problems are not unlike ours. Most of these men are leading physicians in their part of the country and have held important positions in their local medical societies. Several of them confused me with the statement that Hawaii is in a key position as far as Medicare and Veterans care are concerned. They were also spontaneous with their opinions on Blue Shield and our shortcomings.

The House of Delegates is composed of very able men. They were high in praise of our own delegates, Pinkerton, Hartwell, and Izumi, whom they regarded highly and to whom they extended greetings. Hawaii is not as isolated as one might think. Those days are gone.

SAMUEL L. YEE, M.D.
Alternate Delegate

County Society Reports

Kauai

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, July 2, 1957 at 7:55 P.M. at the Wilcox Memorial Hospital Library by Dr. Wade. Visitors present: Dr. V. Boido and Robert Kahn, medical student of California University Medical School.

Regarding the income clause for the HMSA, all voted in favor of going along with the Honolulu County Medical Society, having $4,800 for single member, $6,000 for member and wife, $7,800 for family.

A film, *Hypothyroidism,* was shown.

SAM R. WALLIS, M.D.
Secretary-Treasurer

Honolulu

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, June 4, 1957, at 7:30 P.M. in the Mabel Smyth Auditorium.

A thirty-minute film entitled *Hypothyroidism, Its Diagnosis and Treatment* was shown through the courtesy of Warner-Chilcott Laboratories.

Dr. Nishigaya announced that there will be a special non-stag dinner meeting of the Medical Society on June 28 at the Reef Hotel. Hosts for the evening will be Pfizer Laboratories. He also announced that the Oahu Poliomyelitis Vaccination Program will begin as soon as enough vaccine is available. Doctors will be asked to participate on a voluntary basis.

New members welcomed into the Society were Dr. Linus Pauling, Jr. and Dr. C. K. Youngkin. The membership also voted to make Dr. E. W. Mitchell a life member in the Society.

The regular membership meetings for the months of July and August were cancelled.

The report of the Medical Care Plans Committee, which had been circulated to the membership prior to the meeting, was presented by Dr. Richard Moore. It was moved that each recommendation be voted on separately.

All the recommendations were accepted with one or two minor amendments.

Before the adjourning of the meeting Dr. Nishigaya stated that there was a very good point brought out by Dr. Richert, to have one income level for all policyholders, and asked if the membership would consider raising the income levels as adopted in this plan to some of the other plans. This would virtually do away

(*Continued on page 100*)

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HMSA—Its Place in the Community

Medicare—A Half Million Dollar Miracle for Hawaii

Everybody benefits from Medicare!—freedom of choice of doctors and medical facilities by the patient, competitive and therefore lower-cost medical facilities for the Government, a fee schedule negotiated by the Hawaii Medical Association with the Government, and an estimated half million dollars a year added to the medical-hospital income of the Territory of Hawaii.

Doctors: $115,000 has been paid to the doctors on all Islands. Oahu physicians received in excess of $110,000. Maternity cases lead the parade—62 per cent of total dollars paid; 32 per cent for surgical services and 6 per cent for medical services rendered by physicians for hospitalized cases.

Hospitals: $160,000 additional revenue for Hawaii hospitals during the past 7 months. Maternity cases accounted for 60 per cent; surgical cases 24 per cent, and medical cases 16 per cent. Oahu hospitals received about 95 per cent of the Medicare revenue for hospitals.

Summary: A grand total of 2,954 physician and hospital claims, totalling $274,057.00 has been processed and paid during the past seven months by HMSA in the capacity of Fiscal Administrator.

The Medicare bonanza is still gaining momentum; however, such a bonanza, like the proverbial "goose that laid the golden egg," must be protected. Is it better to preserve Medicare for the civilian physicians and hospitals, *or* have it revert to the military services?

HMSA and Taxes

In a desperate effort during the recent legislative session to find additional tax revenues, an attempt was made to levy a 3% gross premium tax on HMSA. Association officials appeared before the Legislature pointing out the non-profit, community service character of the Association. A 3% premium tax on HMSA would be a "tax on human misery," and if added to the territorial gross income taxes imposed on the purveyors of service, would make illness one of the highest taxed "industries" in the Territory.

Though the proposed tax was successfully defeated in the Ways and Means Committee of the Senate, HMSA recognizes that future attempts will be made to subject the Association to taxation. HMSA's 150,000 members present a broad potential tax base, and it becomes obvious that as the Association continues to grow, greater efforts must be exerted to protect the basic principles and ideals by which HMSA was founded and to which it has been dedicated for almost 20 years.

Room for Thought

Shall the commercial insurance industry—*or* a combination of doctors, hospitals, labor, industry, and the public—exercise the greatest concern over the destiny of voluntary medical care plans?

Should this movement be operated primarily as a profitable business *or* as a mechanism to facilitate the provision of necessary medical coverage?

Will the patient and physician be better served if the patient receives dollars directly for his doctor's services, which he may spend for non-medical expenses, *or* if the doctor is paid directly for his patient's services by an organization sponsored by the medical profession?

Can the voluntary pre-paid medical plan program in the U. S. remain free of governmental control if it becomes primarily a branch of the commercial insurance industry, *or* has it a better chance of survival as a non-profit community enterprise, sponsored by the physicians in cooperation with labor, hospitals, industry, and the general public?

These are just a few questions deserving of our most thoughtful consideration.

ADVERTISEMENT

Perhaps It's Your Nerves

Personality Disorders & Surgical Illness

Medical research in recent years has focused on the totality of the human being. The fact that all medicine is necessarily "psychosomatic" is becoming well accepted; that is, that the body and the mind are inseparably linked in all states of health or illness.

Surgical patients have gradually come into the spotlight of team research on the relationship of personality matters and surgical conditions.

Intensive studies have been done at the Cincinnati General Hospital in the last two years on a series of 200 random surgical patients. They concerned the prevalence of personality disorder in surgical patients,[1] the problem of psychoses during surgical illness,[2] special psychological problems in surgery of the aged,[3] delay in seeking surgical help,[4] and emotional factors in recovery from surgical illness and treatment.[5]

In their overall study they found diagnosable personality disorders in 86 per cent of the patients and average adjustment in 10 per cent. In about 48 per cent they found a significant relationship between "the surgical status of the patient at the time of presentation to the surgeon for treatment and emotional disorder." They believed that in many cases the emotional disorder had a major etiological role in making surgical illness an outcome of the dynamic factors in the patient's life.

The very high percentage of psychiatric diagnoses may be somewhat due to an over-generous use of formally diagnosing a person who might more properly be described as having only "neurotic traits." Nevertheless, the study is most interesting and useful in certain ways.

The value of assessing the patient's psychological need for surgery is discussed. The advantage of careful discussion of the operation and emotional preparation of the patient prior to surgery is also seen.

The study on delay in seeking medical attention[4] showed that 31 per cent of their patients definitely delayed for a significant period of time. Ten of those patients died as a possible result of the procrastination. A number of psychological causes for the delay were found to be inter-related and are discussed in the *Journal of the American Medical Association.*

The interesting work on outcome of surgery as related to emotional adjustment also showed a significant relationship in their group. The most personality pathology was found in those patients who were either unchanged or worse after surgery. The emotional pathology was present prior to surgery as well as after.

Other work has shown similar findings in other fields of medicine. Although no one has yet discovered simple formulas for dealing with these matters, we certainly become further aware of the complex responsibilities of the physician.

ROBERT A. KIMMICH, M.D.

[1] Zwerling, I., Titchener, J. I., *et al.*: Personality Disorder and the Relationships of Emotion to Surgical Illness in 200 Surgical Patients, Am. J. Psy., 112:270-277 (Oct.) 1955.

[2] Titchener, J. I., Zwerling, I., *et al.*: Psychosis in Surgical Patients, Sur., Gyn. and Ob., 102:59 (Jan.) 1956.

[3] Titchener, J. I., Zwerling, I., *et al.*: Special Psychological Problems in Surgery of the Aged, Am. J. Psy., to be published.

[4] Titchener, J. I., Zwerling, I., *et al.*: Problem of Delay in Seeking Surgical Care, J.A.M.A., 160:1187 (Apr.) 1956.

[5] Titchener, J. I., Zwerling, I., *et al.*: Consequences of Surgical Illness and Treatment, A.M.A. Arch. Neur. & Psy., 77:623 (June) 1957.

GIVE TO THE COMMUNITY CHEST

Book Reviews

A Ciba Foundation Symposium on the Kidney.

By A. A. G. Lewis, M.D., B.S., B.Sc., M.R.C.P. and G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., $6.00, Little, Brown and Company, Boston, 1954.

In July, 1953, the Ciba Foundation in conjunction with the Renal Association of London, held a symposium on the kidney. This book is the verbatim transactions of that meeting in which twenty-two papers were read by 35 participants.

This book is an excellent reference for those interested in academic renal physiology. There are many points brought out which have a practical application to the internist and the physiological surgeon as well. This is not the type of book that one can sit down and read readily. In reviewing this symposium on the kidney, I quote from the foreword by A. A. Osman, who spoke on reviewing this symposium: "A most stimulating and rewarding, if somewhat strenuous, experience." This being highly technical required a review of logarithms and calculus. For the surgeon, a practical presentation was the paper on Postoperative Retention of Water and Sodium by Le Quesne and Lewis. Other such papers were the Fluid Balance in Anuria by J. Hamburger and G. Mathe.

In summary, I feel this is a well worth-while book and should be used in our library on a reference basis. It should certainly be referred to whenever the question of renal physiology arises.

L. Clagett Beck, M.D.

Tumors of the Cardiovascular System.

By Benjamin H. Landing, M.D., and Sidney Farber, M.D., 138 pp., illus., $1.50, Armed Forces Institute of Pathology, 1956.

This is a well-written and well-illustrated fascicle on a subject which has long been neglected. Tabular information summarizes a great deal of its content.

All of these fascicles are of perforated sheets with perforated stiffer paper covers. For better keeping, they can be placed in stout binders. The print is large and legible. All the illustrations are labeled and well explained.

W. Harold Civin, M.D.

The American Fluoridation Experiment.

By F. B. Exner, M.D., and G. L. Waldbott, M.D., Edited by James Rorty, $3.75, pp. 277, The Dervin-Adair Company, 1957.

The authors have contributed a timely volume on the American Fluoridation Experiment. They have consulted over 250 articles on fluoridation, the majority of which are not easily available to the public and practicing physicians.

Combining the distillates of these articles and the experiences of their personal cases, the authors have marshalled orderly convincing evidence against fluoridation which has been conducted in the various communities in the U. S. Because of adverse results, thirty-eight cities or communities discarded fluoridation of public water after test periods of varying duration.

The book is superbly edited by James Rorty.

Because the subject of fluoridation is now actively discussed in this territory, this book is urgently recommended to the physicians, dentists, nurses, dieticians, as well as to the laities, in order to understand the dire complications which can befall us should fluoridation be adopted by our communities.

After considerable reading on fluoridation, I have reached practically the same conclusions as those of the authors: That fluorine theory for the prevention of tooth decay is a failure, and the addition of sodium fluoride or sodium fluorosilicate, which is a cumulative poison one tenth as toxic as arsenic, in the public drinking water is a serious, deplorable, unforgivable folly especially when this chemical is known as non-essential to human and animal nutrition.

Toshio Kutsunai, M.D.

Micro-Analysis in Medical Biochemistry (3rd Ed.).

By E. J. King and I. D. P. Wootton, 292 pp., $4.00, Grune & Stratton, Inc., 1956.

The author is well known for his contributions in the vast and rapidly growing field of biochemistry. In this small book he attempts to present the laboratory aspects in a comprehensive fashion. The result is surprisingly good though necessarily brief. A student or physician who wishes to cover or review the subject briefly would find it profitable to read this book, in spite of the title. Microanalysis applies the same principles of chemistry that are used in macro-analytic procedures, the only difference being quantity.

Paul Y. Tamura, M.D.

Halsted of Johns Hopkins.

By Samuel James Crowe, M.D., 247 pp., illus., $5.00, Charles C. Thomas, 1957.

In a small book Dr. Crowe has simply and effectively recorded the story of Halsted and his men, who contributed so much to the development of surgery in the present century. Much of what is surgery today had its origin in this remarkable institution where these surgical giants matured, worked, produced, and left their imprints in the whole field of surgery, its various specialties and ancillary sciences. The essence of their collective contributions is seen in the light of historic perspective. Dandy's statement of Halsted's cardinal principles of surgery is certainly an excellent guide in any proper surgical technique and is timeless. Today's great institutions and surgeons are at the top since, as Halsted remarked to Simon Flexner, they "are not afraid to try things."

As a medical student, intern, resident, and department head Crowe had intimate and personal relations with each man. Thus he was able to see at close range what they were like, how they thought, and how they worked. Dr. Blalock prevailed upon Crowe to write this book and certainly the product is superb. Within these pages much of the old which is of established value is recorded and glimpses into the beginnings of what we do daily today in the wards, operation room, and the experimental laboratory are found. The book is one of the most delightful collective accounts of men in medicine.

Shoyei Yamauchi, M.D.

Training of the Lower Extremity Amputee.

By Donald Kerr, B.B.A., and Signe Brunnstrom, M. A., 272 pp., illus., $6.50, Charles C. Thomas, 1956.

This new book is an important contribution to the treatment of amputees after surgical procedures are successfully finished. Treatment of the stump for preprosthetic training should start right away. Choosing the right kind of prosthesis, correct fitting and post prosthetic training, as well as a regular recheck in fitting and use of the prosthesis are steps that are very important in creating a natural gait for the patient. All these steps are discussed in a clear language with details on the different procedures. The text is supplied with a valuable number of pictures and drawings.

The great experience of the authors leaves no doubt that the information in the book is dependable and should be studied by all those interested in one phase or another of patients with amputation.

For complete rehabilitation of amputees the team approach is needed and every member of the team should be well acquainted with all the difficulties in order to avoid failures.

Even though the book cannot replace experience in treating the amputees, it is an outline of modern viewpoints that will be of value to everyone in contact with these problems.

J. D. Henriksen, M.D.

Challenges to Contemporary Medicine.

By Alan Gregg, M.D., 120 pp., $3.00, Columbia University Press, 1956.

This three-year-late reprinting of the Bampton Lectures of 1953, by the distinguished Vice President Emeritus of the Rockefeller Foundation (who is not even identified in the book as a Doctor of Medicine!) is indeed a challenge to contemporary medicine and the men who practice it.

The titles of the five lectures: How dear is life? What is the meaning of disease? Current factors affecting medicine. How are medical education and medical care best paid for? and The natural history of the doctor, indicate the book's scope very well.

The scholarly, maturely reasoned answers to these questions and implied questions make delightful and stimulating reading, of interest to laymen and physicians alike. Most physicians will approve enthusiastically of his optimistic and complimentary conclusions about the achievements and potentialities of "Great Medicine," as he calls it. Many will find his conclusions about medical prepayment plans unduly sweeping. None who think will remain unmoved.

This book has a worthwhile message for everyone interested in medical care—layman, premedical or medical student, physician, teacher, or health insurance plan executive.

Harry L. Arnold, Jr., M.D.

Cytologic Technics for Office and Clinic.

By H. E. Nieburgs, M.D., 233 pp., illus., $7.75, Grune & Stratton, Inc., 1956.

This book goes into cytologic techniques of value in bringing about the early discovery of cancer.

It is not limited to examination of the female genital tract but summarizes what is known about applying the technique to secretions and fliuds from all parts of the body including the mouth, pharynx, and larynx.

An attempt has been made by the author to extract data of practical value to the busy clinician in early cancer detection. Concise descriptions are given of all steps involved in the collection and preservation of cytologic materials. Some advice is given on choice of methods. Brief mention is made of the appearance of stained cells from different sites. Interpretation of cytologic reports is also included. It is up to date in most respects.

This book should be of value to all physicians, dentists, and technicians interested in the preparation of body fluids and secretions for cytologic examination. The principal unique feature of this book is that it includes more information on cytologic examination of the oral cavity than any other publication which has come to my attention.

Walter B. Quisenberry, M.D.

The Investigation of Death.

By Donald Karl Merkeley, M.D., 138 pp., $4.50, Charles C. Thomas, 1957.

Although the author states that this monograph is intended primarily for police officers, many of the fundamental principles concerning the medico-legal investigator which are presented are not common knowledge to the great majority of practicing physicians. For this reason alone the monograph should be at least scanned by every physician who has association with a death.

The concepts presented by the author are modern. He points out that infants who "suffocate" in their cribs actually die of pneumonitis, demonstrable upon adequate investigation.

There are few misstatements of fact; the most striking one to me being that the "most common fatal injury occurring to the neck is a fracture." Obviously, what is inferred, is damage to the spinal cord.

A few typographical errors may be recognized but these will probably be corrected in subsequent editions. The text is well supplemented by numerous illustrations.

Alvin V. Majoska, M.D.

The Labyrinth.

By Joseph J. Fischer, M.D., 206 pp., illus., $6.00, Grune & Stratton, 1956.

This is one of the most difficult books to read on a very complex organ and subject, the labyrinth. Dr. Fischer has reviewed voluminous literature on this subject and also presents his own views. There are so many hypothetical, theoretical, and controversial considerations mixed with clinical applications that one has to delve through many pages to get an important point.

However, the chapter on functional tests and their interpretation is very good, especially for one interested in neuro-otology. The chapter on nystagmus is very important for an otologist and even for a neurologist.

An excellent bibliography is provided. This is a good reference book but is certainly not one for the busy practitioner who wants to get his knowledge in a quicker and more concise manner.

L. Q. Pang, M.D.

Diseases of the Nose, Throat and Ear.

By Howard Charles Ballenger, M.D., and John Jacob Ballenger, B.S., 968 pp., $17.50, illus., Lea & Febiger, 1957.

This text, revised nine times since 1908, is well organized and easily read. Each major area is preceded by an anatomical introduction in which practical aspects of the anatomy are usefully discussed. Chapters on physiology are recently revised to include the modern

(*Continued on page 76*)

Notes and News

DOCTORS

Recognition . . .

. . . for scientific achievement

Dr. Rogers Lee Hill received a gold-plated retractor from the intern staff of The Queen's Hospital in appreciation of his services as instructor in surgery.

Dr. Nils P. Larsen won the University of California Medical School's coveted award, the "Gold-headed Cane," in recognition for his outstanding services to his community, patients and profession.

. . . *pour le sport*

Dr. Ellsworth Harris won the P.C. Class race of the Waikiki Yacht Club during the month of June and again in August.

Dr. K. Kuramoto won top honors in the Sunday sweepstakes at the Waialae Country Club in July. Dr. Kuramoto in partnership with **Dr. Ted Tomita** also won the Waialae Country Club's team medal best ball tournament.

. . . by their peers

Dr. Archie Chun-Ming has been appointed National Vice-President of the District of Hawaii Reserve Officers Association.

Dr. William F. Moore, Jr., has been named Fellow of the American Academy of Pediatrics.

. . . by the community

Dr. A. Leslie Vasconcellos, father of five children, has been named the "Medical Father of the Year" by the Honolulu Chamber of Commerce.

. . . as new doctors

Fourteen Islanders received M.D. degrees from nine different medical schools this spring. They are **Blaine Boyden,** from Western Reserve University School of Medicine; **Vernon R. Chang, Wallace Tamayose, Leonard S. Kuninobu, James Sadoyama,** and **Neville O. Chan,** from the College of Medical Evangelists; **Henry H. D. Fong,** from the University of Oregon Medical School; **Raymond H. Fujikami,** from Northwestern University Medical School, **Clifford B. G. Chang** and **Walter H. K. Watt,** from Creighton University School of Medicine; **James A. Nishi,** from Washington University School of Medicine; **William W. T. Won,** from New York University College of Medicine; **Richard H. Oi,** from Temple University School of Medicine; and **Gilbert M. Ogawa,** from the University of Rochester.

New Offices

Dr. Kenneth W. Momeyer announces his association with **Drs. DeHay** and **Woodruff** at 407 Uluniu Street, Kailua. He will limit his practice to internal medicine.

Dr. Robert G. Dimler announces his association with the pediatrics department of the Medical Group.

Dr. Noboru Ogami announces his association with **Drs. Satoru Nishijima** and **K. S. Tom** in the practice of obstetrics and gynecology at 1024 Piikoi Street.

Dr. Frederick M. K. Lam, Jr. announces his return to practice with the Lam Clinic, 181 South Kukui Street.

Dr. Henry J. Okayama announces his association with **Dr. Raymond Hiroshige** in the general practice of medicine and surgery at 297 S. Vineyard Street.

Dr. Kaoru Sasaki announces the opening of his office for general practice at 46-125 Kamehameha Highway.

Dr. A. E. McGinnis announces his association with the Medical Group, 1133 Punchbowl Street. His practice will be limited to orthopedic surgery.

Dr. Lincoln K. L. Luke announces his association with the Kailua Clinic, 502 Kailua Road, Kailua, or 45-911 Kamehameha Highway, Kaneohe.

Dr. Donald W. Brown announces his association with The Medical Group. His practice will be limited to internal medicine.

Returning Kamaainas

Dr. and Mrs. Robert M. Browne returned from two years' duty at the Tokyo Army Hospital. Dr. Browne will complete his final year of residency at the Territorial Hospital, Kaneohe, this year.

Dr. Unoji Goto announces his association with The Medical Group. Dr. Goto is a diplomate of the American Board of Internal Medicine.

Dr. Gail G. L. Li announces his return from active military service and the reopening of his office at 56 South Kukui Street. His practice will be limited to obstetrics and gynecology.

Travellers . . .

. . . to Europe

Dr. and Mrs. Harold M. Johnson returned in August from a month's tour of Europe, concluded with Dr. Johnson's attendance at the Eleventh International Congress of Dermatology in Stockholm.

Dr. C. V. Caver also attended the international dermatological conclave.

Dr. and Mrs. Charles S. Judd, Jr., returned August 1 from a two months' tour of Europe, during which Dr. Judd attended the Harvey Tercentenary Congress in London. He also attended the American Surgical Association meeting in May.

Dr. and Mrs. A. S. Hartwell returned in July from a European tour which included the Harvey Tercentenary Congress. Dr. Hartwell also attended the meeting of the American Heart Association's Board of Directors, of which he is a member.

. . . to "America"

Dr. and Mrs. James Kuninobu, accompanied by Dr. Kuninobu's father, returned late in July from an extended mainland automobile trip following the graduation of their son Leonard from the College of Medical Evangelists.

Dr. and Mrs. Harry L. Arnold, Jr., accompanied by their eldest son Pete, returned late in July from a two months' motor tour of the mainland following the AMA meeting, and the annual meeting of the Society for Investigative Dermatology, in New York. At the latter meeting Dr. Arnold gave the annual banquet address, speaking on Writing for Publication.

LAURENCE MAXON WIIG, M.D.
1909-1957

Everyone who knew "Larry" deeply deplores and regrets the loss of one whose presence among us was always a pleasure. His many colleagues sincerely sympathize with his family and his friends in the great affliction that has befallen them. The memory of him as a kindly and indefatigable physician will long remain with us.

Larry was born in North Dakota, the fourth son of a pioneer physician. He attended the University of Florida for his premedical work. He entered the University of Pennsylvania Medical School in 1929, where his older brother, Paul Wiig, had graduated in 1930. Here he was an outstanding student, ranking number five in a class of one hundred and twenty.

He interned for two years at Philadelphia General Hospital. During the latter part of his internship, he contracted tuberculosis and was forced to become inactive for a brief time.

In the late thirties he went to Molokai and Maui where he practiced until he accepted a fellowship in surgery at the Mayo Clinic. During his tenure there from 1938 to 1942, Larry became endeared to the staff and patients alike. Here he did some of the original work on anticoagulant therapy. One paper presented by him on the relationship between "spoiled sweet clover" (Dicumarol) and hemorrhagic disease in cattle had great practical value in future therapy of thousands of patients.

Following his fellowship at the Mayo Clinic, he went to San Angelo, Texas, serving as chief of the Surgical Service at Shannon Hospital, and as surgeon to the Medical and Surgical Clinic there.

Returning to Honolulu in 1946, he was regarded as an outstanding man in the field of general surgery. He became prominent in the field of cancer therapy and was at one time president of the Hawaii Cancer Society. He was a consultant in Surgery to Tripler Army Hospital and to Wahiawa General Hospital.

His fraternal affiliations included Sigma Chi at the University of Florida; Nu Sigma Nu at the University of Pennsylvania; and Alpha Omega Alpha at the University of Pennsylvania. Larry was also a diplomate of the American Board of Surgery, and a Fellow of the American College of Surgeons.

"These to his memory—since he held them dear,
Perchance as finding there unconsciously
Some image of himself—I dedicate,
I dedicate, I consecrate with tears—"

EDWARD GALE WHITING, M.D.
Berkeley, California

Physical Medicine and Rehabilitation

The Editorial Board of the *Archives of Physical Medicine and Rehabilitation* has established a special subscription rate of $5.00 per year to be granted to bona-fide residents in physical medicine and other specialties in the United States, its territorial possessions, Mexico, Canada, United Kingdom, and Europe. The following rules apply:

1. The subscription may be entered for a period not to exceed three years.
2. All orders for this special rate must be accompanied by a letter of verification from the director of the training program confirming the resident's status and the number of years remaining in the resident's training program.
3. This special rate is not applicable if less than one year of training remains to be completed in the applicant's residency program.
4. The subscription is not transferable and must be entered in the resident's name. It cannot be sent to a hospital, organization, institution, or a person other than the subscriber.

Those desiring to avail themselves of the special rate to residents should write to:

Archives of Physical Medicine and Rehabilitation
30 N. Michigan Avenue
Chicago 2, Illinois

Registration Fees

At the last session of the Legislature re-registration fees charged by departments, commissions, boards, agencies and establishments of the Territorial Government were revised.

It was found that the fee charged by the Board of Medical Examiners was not in line with the other boards and this was raised from $2.00 to $5.00, effective July 1, 1957.

At the request of the Board of Medical Examiners the application fee was raised by the Legislature from $25.00 to $50.00 to match the fees charged by mainland boards.

Postgraduate Courses on Diseases of the Chest

We wish to announce that the Council on Postgraduate Medical Education of the American College of Chest Physicians will present the following Postgraduate Courses on Diseases of the Chest this fall:

(1) 12th Annual Postgraduate Course, Hotel Knickerbocker, Chicago, Illinois, October 21-25.

(2) 10th Annual Postgraduate Course, Park-Sheraton Hotel, New York City, November 11-15.

(3) 3rd Annual Postgraduate Course, Ambassador Hotel, Los Angeles, California, December 9-13.

Tuition for each course is $75. The most recent advances in the diagnosis and treatment of chest diseases —medical and surgical—will be presented. Further information may be obtained by writing to the Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago, Illinois.

Diabetes Morbidity Survey

The Institute of Arthritis and Metabolic Diseases of the United States Public Health Service has approved a grant to the Department of Health of $24,709 a year for two years, for a study of "Ethnic Distribution of Diabetes Mellitus in Hawaii." The study has been approved by the Committee on Diabetes, and by the Board of Governors of the Honolulu County Medical Society. It will be based on volunteers from among about 65,000

(*Continued on page 70*)

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

ROSIE CHANG, *Editor*

DORIS GREGORY, *Associate Editor*
NORA SHIROMA, *Associate Editor*

ANNE CAMARA, *Associate Editor*
MILDRED KIM, *Associate Editor*

OLIVE C. PRIDGEN, *Executive Secretary*



BANQUET FAVORS

As everyone knows it takes the help of a great many people to put on a convention, and the committees are numerous and varied. NACH has been very fortunate in having the Honokaa Hospital nurses make the favors for our banquet. This shows Eva Joyce Copeland, Agnes Schrant, and Donna Marie Miguel-Gonny very busy on their project.

Featuring Hawaii Nurses



MISS MacDONALD

With members of the Hawaii Department of Health.



N.A.T.H. SILVER ANNIVERSARY

The original members who are still active members are, left to right, Miss Margaret E. Campbell, Mrs. Mae Marcallino, Mrs. Ethel McGuinness, and Mrs. Josephine Pa Victor.



HILO MEMORIAL HOSPITAL
Taken on May 12, 1927, the first observance of Hospital Day in Hilo.

NURSES THREE DECADES AGO

The Puumaile and Hilo Memorial Hospitals today are standing on the hill above the city of Hilo and have the famous Rainbow Falls between them. A giant tree with orchids hanging from its trunk and branches, and the green shrubbery about the hospitals are taken for granted. Likewise many a nurse of recent years working here at Hilo Memorial Hospital has little knowledge of the heritage left by the first nurses.

This year, 1957, marks the thirtieth anniversary of the founding of our NACH. Thus, as the members prepare to undertake their jobs as hostesses to all the other nurses in the Territory for the forthcoming 26th Annual Territorial Convention, it is both fitting and proper to dedicate this space to our charter members and especially to those who have taken an active part in our association programs for the past thirty years.

On November 27, 1926, twenty-three nurses interested in forming a nurses' association met with Miss Stella Mathews, then Superintendent of Nurses at Hilo Memorial Hospital. The name Nurses' Association, County of Hawaii, was chosen for the organization. The first regular meeting of this group was held in February, 1927. It was decided to charge $1.00 for the initiation fee and $3.00 for annual dues! Officers elected March 1, 1927, were:

President: Miss Mary Graham
Vice President: Miss Fay Vaughn
Secretary: Miss Ethel Eadon (Mrs. McGuinness)
Treasurer. Miss Stella Mathews

By June 7, 1927, there were 32 dues-paying members. Communication with the Territorial Nurses' Association was started about 1930 regarding affiliation with them, and in 1931, we became a member of NATH.



HILO MEMORIAL HOSPITAL NURSING STAFF, 1927

Zigzag from left to right Margaret Campbell, Gertrude Pusey, Kapiolani Makahanohano, Sarah MacGregor, Lucy Magowan, Miss Lee, Miss Duarte, Ethel Eadon, Stella Mathews, Superintendent, Iwalani Kealoha Peters, Miss Yamada, Helen Gorsuch, Alice Park, Margaret MacKenzie, Margaret Montgomery, Miss Brett, Miss Donahoe.

Members of NACH thirty years ago were:

Mrs. Vera M. Rush
Miss Ethel Eadon (Mrs. McGuinness)
Mrs. Ingeborg Clode
Mrs. R. M. Wilson
Miss Helen Gorsuch
Mrs. Eva H. Peters
Mrs. Tamanyo Saito
Miss Margaret E. Campbell
Miss F. G. Vaughn
Miss Alice Park
Miss M. S. Montgomery (Mrs. Forest)
Miss Almira Elizabeth Donohoe
Miss Mary Graham
Miss McLean
Mrs. Allen Boyle
Mrs. Kate Lowson
Miss Yamada
Mrs. H. J. Silva
Mrs. Foster
Miss Agnes Oef
Mrs. Josephine Pa Victor
Mrs. Agnes V. Broadrup
Miss Jane Service
Miss Lucy McGowan
Miss F. Brett
Miss Gertrude Pusey
Miss Rosina Bassler (Mrs. R. Stanley)
Miss Kapiolani Makahanohano
Miss E. Noton
Mrs. James Nicol
Miss Stella S. Mathews
Mrs. Mae Marcallino
Miss Lowden
Miss E. McBride
Mrs. Leana Kellner
Miss M. McKenzie
Mrs. A. Fraser
Miss Duarte
Miss Anita Kanohalani

We would like to pay tribute at this time to the nurses who are still members of NACH and who have been members for the most part since 1927. These nurses are:

Miss Margaret E. Campbell, 75 years young, has been with NACH from its beginning and today her serene presence at the NACH meetings is evidence of her sincere interest in nurses and nursing and also of her successful career from which she retired in 1943.



MARGARET E. CAMPBELL*

Miss Campbell graduated from Rockford Hospital School of Nursing in 1910, after which she did private duty nursing for one year. She became assistant supervisor of Milwaukee Children's Hospital where she remained for more than five years. She then enlisted in the U. S. Army Nurse Corps, spending one year in France. After two years she returned to Milwaukee Children's Hospital as part-time anesthetist and laboratory technician. Then she returned to Rockford for seven months and worked as a clinic nurse. Her next four years were spent as anesthetist and laboratory technician at Aurora Hospital, Aurora, Illinois. It was following this that she came to Hilo Memorial Hospital as head laboratory technician. After more than nine years of service here, she was absent for eleven months before returning to Hilo Memorial Hospital as medical technologist, a position she held until her retirement in April, 1942. From 1942 to 1943 she was with the O.C.D. Plasma Bank as laboratory technician. She is registered in Wisconsin, Illinois, and the Territory of Hawaii as RN and Med. Tech. Since her retirement, she has been living in Hilo at 122 Kaumana Drive. In 1945 Miss Campbell was made Honorary Member of NACH.

Miss Campbell's career has been full of varied experiences. When asked what she enjoyed doing most, she stated that she could not say that she enjoyed any one phase of nursing particularly because she had enjoyed everything she undertook and found something thrilling and challenging in each.

She found coming to Hawaii very enjoyable and reminisces on how it was thirty years ago, when Hilo Memorial Hospital stood out in the canefield.

Time goes by and people change in their ways of thinking. Nursing problems too change and adjustment must be made to meet them. Miss Campbell, during her thirty years and more of service as nurse, anesthetist, and laboratory and medical technician, has seen many changes come about in Hilo Memorial Hospital as well as other places she served. She gave over 14 years of her whole career to Hawaii.

NACH members are very fortunate to have in their midst such wonderful persons who have helped nursing in Hawaii grow. To Miss Campbell, Mrs. McGuinness, Mrs. Victor, and Mrs. Marcallino, congratulations.

Mrs. Mae Marcallino specialized in surgical nursing after graduating from The Queen's Hospital Training School of Nurses in 1921. She did some private duty nursing also. Then in 1950 she took a postgraduate course in tuberculosis nursing and has since worked as a head nurse at Puumaile Hospital.

Mrs. Josephine Victor graduated from The Queen's Hospital Training School of Nurses in 1922. She worked at Hilo Memorial Hospital when it was still located further down the hill, where the Riverside School is now. After doing private duty nursing and also working for the USED as Casualty Station Nurse during World War II, she returned in 1951 as staff nurse at Hilo Memorial Hospital and she is still there.

Mrs. Ethel McGuinness at present is a staff nurse at Hilo Memorial Hospital. As Ethel Eadon she came to Hawaii in 1926, and worked at Hilo Memorial Hospital until she became Mrs. McGuinness. Then because married nurses were barred from hire at the hospital, she worked as plantation nurse for Waiakea Mill Company for 17 years. She also was branch manager for the Local Branch of the American Red Cross for two years. It was in 1953 that she returned to Hilo Memorial Hospital as staff nurse and she is still there.

* Taken about 1924.

Recent graduates may know a lot more new treatments, new theories, and new techniques, but these nurses of yesterday who faithfully and fearlessly kept up with the new trends deserve much credit. They have successfully adjusted to our nursing care today which is getting to be more and more specialized and technical.

The problems in nursing are ever changing. It is hoped that we as nurses will be ready to recognize our problems, evaluate our own work, and be able to meet the challenge of tomorrow—as these nurses have done.

* * *

MARY JEAN MacDONALD

Rounding out a nursing career of over thirty years, Miss Mary Jean MacDonald retired from active duty on June 14, 1957.

During her busy life, Miss MacDonald has found time to be a private duty nurse, staff nurse, student, world traveler, and an active member of the Nurses' Association. For the last eighteen years of her nursing service, Miss Mac was employed by the Territorial Department of Health and served as staff nurse, assistant supervisor and supervising public health nurse on the Island of Hawaii.

She joined the Nurses' Association, County of Hawaii, in January, 1932, soon after she came to Hawaii and is still an active member. In 1935 she was secretary and from 1943 to 1946 she served as treasurer of the district association. She was a director of NACH in 1941-1942 and of NATH in 1950-1951.

In addition to these elective offices, Miss MacDonald has served on just about every committee there is in both the territorial and the district association.

Our members will certainly miss a nurse whose varied activities will have a lasting influence on the association, but we wish her many happy years of retirement. Knowing Miss Mac, we know they'll probably be busy ones.

Miss MacDonald is now making her home in Seattle, but plans to travel throughout the U.S. during her retirement.

General Interest

THE VIEW FROM OUR WINDOW

New York was nice in June but hot in July. The ANA Roll Call training program was considered a great success by all who attended the three-day session at the Hotel New Yorker. You will find more information about the Roll Call in this issue of your INTER-ISLAND NURSES' BULLETIN.

I was fortunate in being able to stay over and attend an orientation program for executive secretaries at ANA headquarters. There were four of us participating in this, and we represented Minnesota, Mississippi, and Idaho besides Hawaii. I hope that I will be able to reflect adequately all I learned at headquarters so that you, too, will benefit by this wonderful opportunity.

Back at home once more, I found that our Civil Defense course was entering the second half of its program, and enthusiasm for it was still running high. Doesn't it give you great satisfaction when a NATH program turns out so well? I hope everyone will be busy evaluating the Income Protection Plan offered by the Continental Insurance Company which will be discussed at the forthcoming NATH convention. This is really an excellent protection for nurses and it is highly recommended by ANA. Even my husband is sold on this plan and he likes the idea of protecting my income.

An S.O.S. has gone out to all of our members regarding the Blood Bank. We have 12 units to our credit as of this writing. If one of us were to become seriously ill, these would hardly be a smear on the laboratory floor. Please trot over to the Blood Bank soon and become a donor.

I also found upon my return to the NATH office a bag of old stockings in the closet. They were to be forwarded by one of our members to another member through us as a mid point to Japanese relief. I'm glad to help such a worthy cause any time. Which reminds me, I wonder when the Territorial Hospital nurse is going to pick up those blankets which were dropped off here one day last week by a charming and thoughtful Honolulu housewife.

See you at the convention.

OLIVE C. PRIDGEN

ANA ROLL CALL

The Nurses' Association, Territory of Hawaii, will join with all other SNA's in the 1958 ANA Roll Call, a nationwide membership promotion program to be launched on January 15, and to continue through January 31.

Aim of the Roll Call, the first such event ever to be sponsored by ANA, is to enlist the interest and support of every professional nurse in order to strengthen the nursing profession, the profes-

sional membership organization and the individual member. A ten per cent net increase in ANA membership has been set as a goal; many SNA's may well exceed this figure.

During the two-week period of the Roll Call, members of NATH will try to contact all prospective members to tell them about the association. The calls will be made on a section basis; that is, a general duty nurse will talk with a general duty nurse, a public health nurse with another public health nurse, etc.

Plans for the Roll Call have been under way since early this year when it was authorized by the ANA Board of Directors. A national membership promotion training institute was held by ANA June 24 to 26 to help SNA representatives plan for state participation. Mrs. Olive C. Pridgen, RN, attended from NATH. She will be director for our state Roll Call, the co-director will be Mrs. Helen Williams, RN, chairman NATH membership committee.

In September NATH began intensive preparations for our participation. A state training institute for DNA Roll Call directors will be held in December in each district.

Every NATH member can help to make the Roll Call a success. Members are needed to serve on committees, and to be captains or recruiters for membership teams. Get in touch with your district or state headquarters now and add your name to the list of Roll Call participants.

SCHOLARSHIPS FOR NURSES

Are you interested in a scholarship? If so, read the information printed below regarding scholarships in nursing. We wish to encourage our local nurse residents to investigate these worthwhile scholarships and apply for them for study in 1958 or later.

Public Health Scholarship

The Public Health Committee of the Chamber of Commerce of Honolulu, as administrator of the Public Health Committee Funds, aids and supports projects aimed at promoting Hawaii's public health. One of its sustaining projects is the awarding of scholarships.

The criteria for all grants and scholarships shall be based on this definition of public health: "The art and science of preventing disease through organized community effort."

1. *Outright donations:* These grants shall be made to cover all or part of the student's tuition, laboratory fees, room and board, transportation, books, uniforms, medical insurance and such other expenses directly connected with the course.

2. *Loans:* Funds shall be made available to cover all or part of the costs directly connected with the course. After graduation, however, the recipient shall be required to repay the loan in such installments and within the period stipulated by the Committee. No interest or carrying charge shall be assessed.

Any resident of the island of Oahu who has completed the equivalent of a high school education may apply for a scholarship.

Further details may be obtained by calling the Chamber at 66181 or by writing the Public Health.

Traineeships for Nurses

The Professional Nurse Traineeship Program offers traineeships for graduate nurses to enable them to prepare for leadership positions as *teachers* of nursing in schools of nursing, public health agencies and hospitals; *supervisors* of nursing services in hospitals, nursing homes, public health agencies and industries; *administrators* of nursing education programs and of nursing services in hospitals, public health agencies, nursing homes and industries. A Professional Nurse Traineeship provides tuition and fees as stated in the bulletins of the participating institutions; a stipend for living expenses of $200 a month for students at the pre-bachelor's level, $250 a month at the post-bachelor's level, and $300 a month at the post-master's level—to be paid during the period of study; travel to the training institution from home or place of last employment and to and from field practice centers at the rate of 6 cents a mile; allowance for legal dependents at the rate of $30 a month during the period of study.

Eligibility requirements for traineeships are that the candidate be a graduate of a State approved school of nursing . . . that she be enrolled in a course of graduate study designed to prepare her for the responsibilities of a teaching, supervisory or administrative position; that she be a citizen of the United States or have filed a Declaration of Intent to become a citizen.

The list of institutions taking part in the federal traineeship program under Title II, Health Amendments Act of 1956, has been revised. Title II traineeships are granted to nurses who are preparing for positions in supervision, administration, and teaching. Interested nurses should apply to the school of their choice. The new list follows.

Institutions marked with an asterisk offer specialization at the baccalaureate level.

Florence A. Hixson, University of Alabama School of Nursing, University, Ala.

Maxine Atteberry, College of Medical Evangelists School of Nursing, Loma Linda, Calif.

* Amy A. MacOwen, University of California School of Nursing, Berkeley, Calif.

Dr. C. E. Smith, University of California School of Public Health, Berkeley 4, Calif.

Mrs. Lulu W. Hassenplug, University of California School of Nursing, Medical Center, Los Angeles, Calif.
Mrs. Henrietta A. Loughran, University of Colorado School of Nursing, Boulder, Colo.
Dr. Ira V. Hiscock, Yale University Department of Public Health, New Haven, Conn.
Elizabeth S. Bixler, Yale University School of Nursing, New Haven, Conn.
Sr. M. Olivia Gowan, Catholic University of America School of Nursing Education, Washington, D. C.
* Edyth T. James, Washington Missionary College Department of Nursing, Takoma Park, Washington 12, D. C.
* Vivian N. Duxbury, Florida State University School of Nursing, Tallahassee, Fla.
Ada Fort, Emory University School of Nursing, Atlanta, Ga.
* E. Louis Grant, Medical College of Georgia School of Nursing, Augusta, Ga.
Mrs. Florence Finette, DePaul University Department of Nursing, Chicago, Ill.
Frances C. Thielbar, University of Chicago Nursing Department, Chicago, Ill.
* Dotaline E. Allen, Indiana University School of Education, Bloomington, Ind.
Mrs. Myrtle K. Aydelotte, State University of Iowa College of Nursing, Iowa City, Iowa.
Sr. Henrietta, Louisiana State University Department of Nursing, New Orleans, La.
Dr. W. L. Treuting, Tulane University Department of Tropical Medicine and Public Health, New Orleans, La.
Florence M. Gipe, University of Maryland School of Nursing, Baltimore, Md.
Dr. E. L. Stebbins, Johns Hopkins University School of Hygiene and Public Health, Baltimore 5, Md.
Rita Kelleher, Boston College School of Nursing, Boston, Mass.
* Marie Farrell, Boston University School of Nursing, Boston, Mass.
Dr. John C. Snyder, Harvard University School of Public Health, Boston 15, Mass.
Mrs. Evangeline H. Morris, Simmons College School of Nursing, Boston, Mass.
* Sr. Mary Judith, Mercy College Traineeship Program, Detroit, Mich.
Ella E. McNeil, University of Michigan School of Public Health, Ann Harbor, Mich.
Katharine E. Faville, Wayne State University College of Nursing, Detroit, Mich.
* Katharine J. Densford, University of Minnesota School of Nursing, Minneapolis, Minn.
Marion Murphy, University of Minnesota School of Public Health, Minneapolis, Minn.
Estelle Naes, St. Louis University Department of Nursing Education, St. Louis, Mo.
* Louise Knapp, Washington University School of Nursing, St. Louis, Mo.
* Sr. Eugene Teresa, Carroll College Department of Nursing Education, Helena, Mont.
* Anna Pearl Sherrick, Montana State College School of Nursing, Bozeman, Mont.
Mrs. R. Louise McManus, Teachers College, Columbia University, New York.
Dr. Ray E. Trussell, Columbia University School of Public Health and Administrative Medicine, New York 32, N. Y.
Martha E. Rogers, New York University Department of Nurse Education, New York.
Mrs. Mary E. Reap, St. John's University Department of Nursing Education, Brooklyn, N. Y.
* Jean Barrett, Syracuse University Department of Nursing Education, Syracuse, N. Y.
* Mrs. Anne W. Sengbusch, University of Buffalo School of Nursing, Buffalo, N. Y.
* Esther M. Thompson, University of Rochester Division of Nursing Education, Rochester, N. Y.
* Ann M. Jacobansky, Duke University School of Nursing, Durham, N. C.
Elizabeth L. Kemble, University of North Carolina School of Nursing, Chapel Hill, N. C.
Ruth W. Hay, University of North Carolina School of Public Health, Chapel Hill, N. C.
Mildred E. Newton, Ohio State University School of Nursing, Columbus, Ohio.
Mrs. Elizabeth K. Porter, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio.
* Director, University of Oregon Medical School School of Nursing, Portland, Ore.
Theresa I. Lynch, University of Pennsylvania School of Nursing, Philadelphia, Pa.
Mrs. Ruth P. Kuehn, University of Pittsburgh School of Nursing, Pittsburgh, Pa.
Dr. Thomas Parran, University of Pittsburgh Graduate School of Public Health, Pittsburgh 13, Pa.
* Sr. Rosita Maria, Catholic University of Puerto Rico Nursing Department, Ponce, Puerto Rico.
* Dr. E. Harold Hinman, University of Puerto Rico School of Medicine and School of Tropical Medicine, San Juan, Puerto Rico.
* Mrs. Helen Gilkey, South Dakota State College Division of Nursing, Brookings, S. D.
Julia Hereford, Vanderbilt University School of Nursing, Nashville, Tenn.
* Marjorie Bartholf, University of Texas School of Nursing, Medical Branch, Galveston, Tex.
Mrs. Mary S. Tschudin, University of Washington School of Nursing, Seattle, Wash.
* Fred R. Hanson, Walla Walla College School of Nursing, College Place, Wash.
Sr. M. Thomas, Marquette University College of Nursing, Milwaukee, Wis.
* Margery MacLachlan, University of Wisconsin School of Nursing, Madison, Wis.

Traineeships to prepare nurses for staff level positions in public health nursing are available under another program of the Public Health Service. For information about those, write to: Division of General Health Services, Public Health Service, Department of Health, Education, and Welfare, Washington 25, D. C.

THE INTERNATIONAL NURSES CONGRESS

A total of 3,118 nurses from 57 countries (of which 750 were from the United States) answered roll call in a colorful opening session with flags of all nations surrounding the group. Marie Bihet, the Belgium president, assisted by Gerda Hojer from Sweden and Katherine Densford from the United States, conducted the Grand Council sessions. Each member nation had five delegates. Associate members and student nurses attended as guests.

The timely theme of the International Congress meetings was *Responsibility*. Consideration was given to how nurses could fulfill their responsibilities for nursing education, selection of students, providing improvement and support of the nations starting their nursing programs and seeking I.C.N. help, implementation of national and international health movements, and the development of skills in communication and team work. The papers and discussions will be published in the October issue of the International Nursing Review, which is available from I.C.N. headquarters office, Dean Trench Street, Westminster, London, S.W. 1.

Nursing shortages were reported everywhere while growing concern was expressed over the home nursing needs and the fact that "we cannot continue to build hospitals indefinitely when we know now that with adequate home care much of the nursing can be done as well at home, especially among children where unnecessary hospitalization may do more harm than good."

In discussing changing roles, recognition of the status of nurses was shown by the frequent referral of physicians and nurses to "The Physician's Associate" and "his substitute in emergencies." Responsibilities of team work and developing communication tools are being given attention in most countries.

The student nurses present gave a spontaneous rising vote of thanks to the delegates when, after a long debate, the house voted to facilitate formation of an International Council for student nurses. Student nurses from nine countries met to organize their new unit with Mary Lou Sturke, U.S.A., as president.

Ten new nations were admitted to membership in an impressive ceremony: Barbados, Colombia,

Ethiopia, Iran, Israel, Liberia, Malaya, Panama, Uruguay, and Yugoslavia. Each nation in turn expressed appreciation to nurses from other countries without whose help they could not have met required standards. While they gave credit to the International Council of Nurses and the World Health Organization, we who heard the story of their progress in most difficult situations felt that great credit was due them.

The American nurses proudly watched their own president, Agnes Ohlson, receive the International pendant, the official badge of office, from the outgoing president, Marie Bihet, as she accepted the presidency for the next quadrennium. The 1961 I.C.N. is scheduled for Australia with New Zealand nurses assisting as hostesses. The retiring president gave the watchword *Wisdom* around which the next four years' programs will be centered.

The Italian nurses were delightful hostesses and the Eternal City with its historical wonders and floral beauty, made a perfect setting for the Congress. The sessions were held in the new convention hall, a modern building specially equipped for large meetings, situated about six miles outside the city walls. The official languages for the congress were English, French, and Italian with translations done simultaneously.

Attendance at the I.C.N. was combined with visits to friends and family and seeing some of the interesting parts of the old world. Countries visited included Portugal, Spain, France, Switzerland, Italy, England, Scotland, and Ireland.

There were many wonderful experiences all along the way, but an I.C.N. alone is always a thrilling and gratifying experience, making the nurse who has the privilege of attending proud of being a nurse. One of the most inspiring moments of this Congress was the audience granted to the nurses at St. Peter's, where among 40,000 people representing 48 different organizations The Holy Father paid special tribute to nurses: "To you who serve the sick goes the privilege of following Christ's chosen occupation."

LEONA RUBBELKE*

COMMUNITY FOUNDATION SCHOLARSHIP PROGRAM

The Community Foundation Scholarship Committee has been set up for the following purposes: (a) To help deserving local people who would not otherwise get an education; and (b) to help the Territory by providing a means for people to prepare themselves to fill jobs requiring special abilities or training.

There shall be a committee known as the "Community Foundation Scholarship Committee" to administer scholarships provided from general community sources for scholarship purposes. Subcommittees in the field of education, humanities, science, fine arts, social work and group work, and such other as may from time to time seem necessary may be appointed. The chairman of each of these subcommittees shall be a member of the Executive Scholarship Committee. The Manager of the Honolulu Community Chest and the Secretary of the Honolulu Council of Social Agencies shall serve as ex-officio members of this Committee. Funds available for the scholarship committee shall be held by the Community Chest in an account separate from the regular operating account of the Chest.

Scholarships will be limited to applicants who are bona fide residents of the Territory of Hawaii. The applicant must demonstrate through the submission of references, recommendations, school record, and personal interview, such educational, vocational and personal qualifications as will convince the Committee that the applicant will probably be successful in his chosen field. The applicant must agree to return to the Territory and work in approved occupations for at least two years.

In general the Committee shall make outright grants to suit the needs of the applicant.

In case of an outright grant the maximum grant under present conditions shall be $2,000. Within the range of the $2,000 limitation, the grant shall be sufficient so that with the applicant's personal resources he will be able to complete the approved course of study without financial difficulties. Grants to individuals who do not return and work the two required years shall become loans, provided, however, the Committee may waive this requirement under certain conditions. For the most part grants will be available for study not available locally. Although at the present time it seems advisable to limit grants to candidates for advanced degrees, in exceptional cases, grants may be made available for undergraduate study either locally or elsewhere. Each recipient should be requested to sign a written agreement, clearly stating his obligations to the Community Foundation Scholarship Committee and the community at large. He should also be informed in writing that a scholarship is granted for not more than one year, and the recipient's successful completion of that year does not in any way obligate the Committee to continue the scholarship for the following year.

* Maternal and Child Health Nurse Consultant, Department of Health, Territory of Hawaii, Miss Rubbelke was on vacation time and travelled in no official capacity. These are her personal impressions. This is her third I.C.N. She attended the 1957 Congress in Atlantic City and the 1949 meeting in Sweden. Miss Millicent Larson, R.N., Industrial Nurse for HRT, also attended the I.C.N.

A person who wishes to apply for a Community Foundation Scholarship shall send in his application to the Community Foundation Scholarship Committee, 516 Hawaiian Trust Building, Honolulu 13, Hawaii, attention of the Scholarship Committee.

The application consists of six parts: (1) a personal letter of application, (2) the formal application form, (3) three letters of recommendation, (4) transcript of college record, (5) a small photograph or snapshot, and (6) personal interview (optional upon request of the Committee).

Part 1. The personal letter of application shall cover the following subjects in addition to any other information thought to be of interest to the Committee:

(1) Necessity for a scholarship; (2) Importance to the community of the particular line of work for which applicant plans to prepare himself; (3) Academic interests and vocational plans. In case mainland study is desired give reasons, including considerations in selecting the school or schools it is proposed to attend; (4) Extra-curricular interests and activities, memberships and offices held, etc.; (5) Previous employment, if any, since high school graduation—type of work, name of employer, address, period of employment, pay, etc.; (6) Plans for completing the proposed study or training, including financial aid beyond the period covered by the requested scholarship; and (7) Family financial status—chief source of family income, number of dependents, ability and interest of family (wife or husband, parents, brothers, etc.) to give aid during the period of study.

Part 2. The application form shall be filled out in detail and submitted before March 1 for any school attendance during the 12 months following June 1.

Part 3. Three letters of recommendation shall be submitted from persons, other than relatives, who have known the candidate long enough to form valid judgments of his personal qualities and academic abilities. These letters may be sent in together with the application form or mailed directly to the Committee by the writers.

Part 4. If the applicant is still an undergraduate, the transcript of record shall cover the work of all previous years on the college level. If already engaged in graduate or professional studies or with a year or more of such studies, the transcript should cover the work on only the graduate or professional level.

Part 5. A small photograph or snapshot recently taken shall be attached to the Application Form.

Part 6. A personal interview will be required at the discretion of the Committee.

District and Section News

MAUI

Miss Marian C. Meseroll received the following letter dated January 8, 1957, from Evelyn Matheson, director of the Khartoum Nursing College.

Dear Miss Meseroll:

This is to acknowledge receipt of the books which your Organization donated to this project through CARE. Attached you will find the official receipt.

It is felt that you will be able to better appreciate the extremely valuable assistance you have given to this project if we give you some idea of its scope and activities:

Up to the time that the Sudan became a republic, the nursing leaders were all ex-patriates, the majority of them coming from Great Britain. The ex-patriate Matrons and Nursing Sisters will continue to make a valuable contribution to the preventive and curative health services of this country for many years to come. However, the Ministry of Health is most eager to educate Sudanese women to assume leadership in nursing.

Nursing Education in the Sudan has been limited up to the present to what would be considered in many countries as an assistant-nurse level. The educational and social backgrounds of the trainees has been low and their ability to make an effective contribution to medical, social and educational services limited. However, they have carried the major responsibility for the actual nursing care given in this country and their value to the peoples of the Sudan, in the past, at present and in the future, is not to be under-estimated. It has become increasingly more evident that their educational programme in nursing would have to be improved to better fit them to meet the needs of an expanding health service but it was also recognized that this group would not be able to assume the responsibilities of nursing leaders. For this reason, the Government of the Sudan entered into an agreement with the World Health Organization to project a nursing education programme which would train selected young Sudanese women to assume leadership in all of the preventive and curative health services of the country, including the educational aspects of these services.

The planning and action, under the agreement between the Government of the Sudan and the World Health Organization, has led to the establishment of the Khartoum Nursing College. The teaching programme of this College was commenced in September 1956.

We have started in a small way. The College is housed in temporary quarters and there is accommodation for a student body of 6 girls only. However, it is considered that this is a most propitious beginning as there is great reluctance on the part of families of the educated class to permit their daughters and sisters to be associated with "profession" which has such a poor reputation and low status as has nursing in the Sudan.

The 6 girls who were enrolled into this programme in September have completed their Secondary (High)

School Education and come from respected families in the community. The three-year nursing education programme which they are to receive is based on the broad principles laid down by the International Council of Nurses in "The Basic Education of the Professional Nurse." They are to receive all teaching in English and lecturers from the University of Khartoum and other educational and health institutions, are augmenting the instruction given by the nursing staff of the College. They live in residence under the supervision of a qualified Sudanese College Hostess. It is believed that the programme is so arranged that we will be able to meet the aims of the curriculum:

To guide the student in the achievement of a worthwhile life;

To give the student an understanding of the biological, psychological and social aspects of health and disease;

To enable the student to develop competence in the promotion of health, prevention of disease and the care of the sick.

At present the College has a full-time teaching staff of three: 2 WHO Nurse Educators (Miss Janet Cameron and myself. You might be interested in knowing that we are Canadians) and one Sudanese national counterpart Sitt Mary George Mamacos. We hope to be joined in February 1957 by a third international nurse whose major responsibility will be that of integrating the public health aspects of nursing into the course throughout the three years. The international staff will conduct the programme until such time as Sudanese nurses are prepared to assume this responsibility.

Initiating and conducting a programme such as this is, of course, a very expensive proposition. In addition to the initial outlay of capital for the administrative, teaching and residence equipment and supplies and for renovating and remodelling the temporary quarters, action is now being taken to erect a permanent home for the College—a home to meet the needs of a student body of 60 girls, which is the number planned for when the programme is in full operation. The Ministry of Health is, therefore, most appreciative of assistance in the form of valuable teaching equipment which is contributed by agencies which are interested in participating in a programme which will mean so much to the peoples of the Sudan.

Please accept, on behalf of your Organization, the most sincere thanks of the College for a contribution which will be so extremely useful in our teaching and learning.

* * *

Mrs. Elizabeth McCall, Superintendent of Nurses at Kula Sanatorium, and **Miss Elizabeth Morishige,** Public Health Nurse and past president of the MDNA, were appointed delegates to the Maui Health and Sanitation Committee of the Maui Chamber of Commerce by President Michie Kamitake. The action received unanimous approval of the Board of Directors.

This newly created committee will coordinate various health situations existing on Maui and hopes to improve community health resources.

* * *

The annual picnic for the senior high school students was held on July 18, 1957 at Kalama Park. This event has proved to be a perfect method to orient all potential members of the social as well as business aspect of the organization. Members of the steering committee were: **Misses Setsuyo Ushiro, Masami Shiraki, Mrs. Marjorie Okinaka,** and **Mrs. Miriam Mukai.**

* * *

Miss Hisako Ogata (Queen's grad) and **Mrs. Elaine Galang** (St. Francis grad) have recently joined the nursing staff at CMM Hospital. Welcome to the Valley Isle and the MDNA!

OAHU

The regular meeting of the Board of Directors of NADO was called to order on June 3 by Mrs. Hazel Kim, President. Present were Mesdames Weidman, Beckstrom, and Young; Misses Peterson, Makekau, Burroughs, and Takeshima.

Miss Burroughs reported that as of April, 1957, there was a balance of $5,802.81 in the treasury. She recommended that $1,000.00 be transferred from the savings to the checking account before she leaves for her vacation. It was approved that we raise the fee of Mr. Ajifu as per his request since there has been no raise in his fee since 1951. It was agreed, however, that it would not be retroactive, but would commence with the date he gave us notice of the raise.

Miss Takeshima, Chairman of the Membership Committee, made several recommendations as discussed by her committee: (1) Send A.N.A. cards to new graduates and perhaps send membership application with it. (2) Omit NADO dues and pay balance. It was decided that this was not possible. The fee for new graduates is now $10.50 after July 1. (3) Authorize NADO members to collect dues. (4) Send notice of meeting to those paying dues on the installment plan. (5) Announcement should be made at every meeting that the Treasurer is available for collecting dues. Introduce the Treasurer and the Membership Committee Chairman, in case there are some there who do not know who they are. (6) Have Hospital Administrators encourage joining the association. (7) Plans for next year include: (a) A working committee beginning in August. (b) Making telephone contacts. (c) Make a graph for each institution showing percentage of membership. (d) Publicity.

Miss Peterson spoke about the nurses' responsibilities in Civil Defense. Classes in Disaster Nursing are to begin in July.

The meeting was adjourned at 4:20 P.M.

EVELYN C. YOUNG, R.N.
Acting Secretary

Coming Up

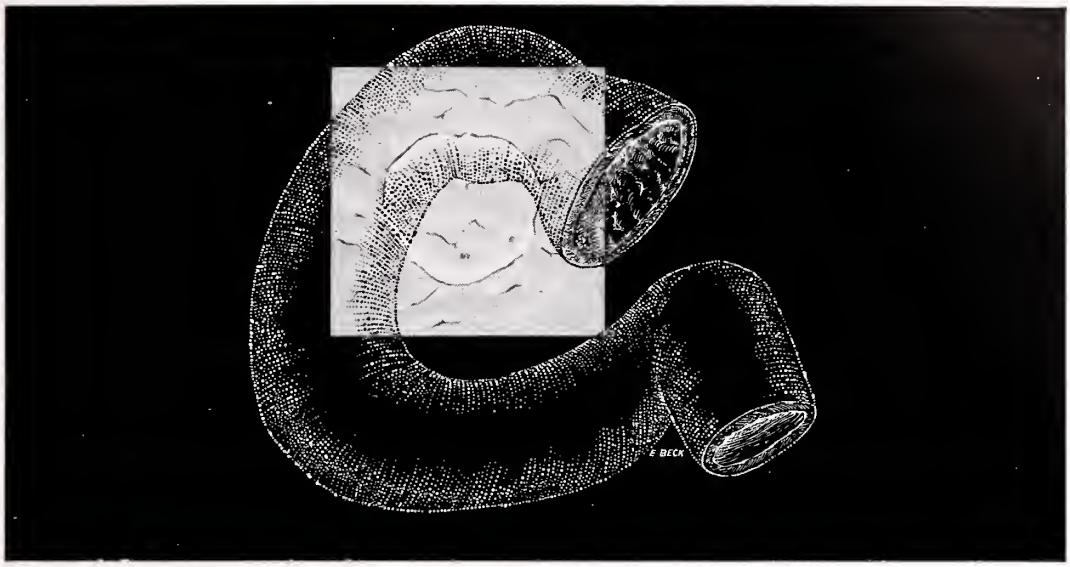
SPECIAL FEATURES IN THE NEXT ISSUE

NATH 26th Annual Convention Reports

Mental Health Aspects in Public Health Nursing
by Yukie Takagi

Disaster Nursing
by Louise Crute

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Pro-Banthine® provides rapid control of pain in peptic ulcer

In a two-year study[1] by Lichstein and coworkers, documented by intensive personal observation and by follow-up studies, Pro-Banthine (brand of propantheline bromide) often brought immediate relief of ulcer pain. Patients (11 per cent) who did not respond satisfactorily to Pro-Banthine therapy had "anxiety manifestations of psychoneurotic proportions."

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Research in the Service of Medicine.

1. Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: Am. J. M. Sc. *232*:156 (Aug.) 1956.

2. Sun, D. C. H., and Shay, H.: Arch. Int. Med. *97*:442 (April) 1956.

3. Rafsky, H. A.; Fein, H. D.; Breslaw, L., and Rafsky, J. C.: Gastroenterology *27*:21 (July) 1954.

4. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology *25*:416 (Nov.) 1953.

5. Silver, H. M.; Pucci, H., and Almy, T. P.: New England J. Med. *252*:520 (March 31) 1955.

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NOTES AND NEWS

(*Continued from page 59*)

gainfully employed individuals. Dr. N. R. Sloan, of the Bureau of Geriatrics, and Mr. Charles G. Bennett, of the Bureau of Health Statistics, have been designated as co-investigators. Preliminary planning is now under way, and actual field work should begin about the first of December, first on plantations and in rural areas, later in Honolulu. The project will be limited to Oahu.

The "clinitron" will be used for screening. This is an instrument which automatically determines whether the true glucose content of a specimen of blood (venous or capillary) is above or below a pre-set level—usually 130 milligrams per hundred cubic centimeters. The instrument can take a new specimen every 30 seconds, and the determination requires 5 minutes. In adults, the accuracy of this method is about twice that of urine studies, as a first step in locating new cases of diabetes.

Those who are found positive by this method will be referred to their personal physicians for further study. If the experience elsewhere is a guide, about 800 to 1,000 previously undiagnosed cases of diabetes should be detected by this survey. The value of finding these patients early and bringing them under treatment is evident. Further details will be made available to the physicians of Hawaii as the project progresses. Dr. Sloan plans to see personally any doctor to whom a patient is referred for diagnosis. This study can succeed only with your full cooperation.

If definite evidence of ethnic differences is found, further study of possible etiologic factors may be undertaken.

NFIP Fellowships

The National Foundation for Infantile Paralysis is offering *Postdoctoral Fellowships* in medicine and related biological and physical sciences, preventive medicine, rehabilitation, orthopedics, management of poliomyelitis, and psychiatry; *Fellowships* in the medical associate fields of social sciences, health education, physical therapy teaching, and occupational therapy teaching; and *Scholarships* for physical therapy and medical social work. For further information, telephone Mrs. Patterson in Honolulu at 61045 or write the Division of Professional Education of the National Foundation for Infantile Paralysis, 301 East 42d Street, New York 17.

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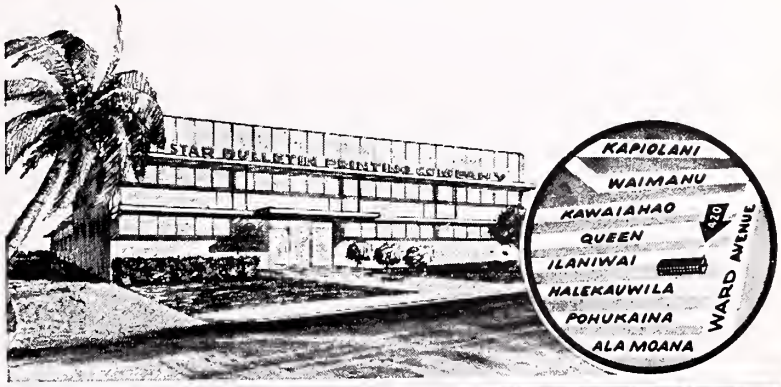
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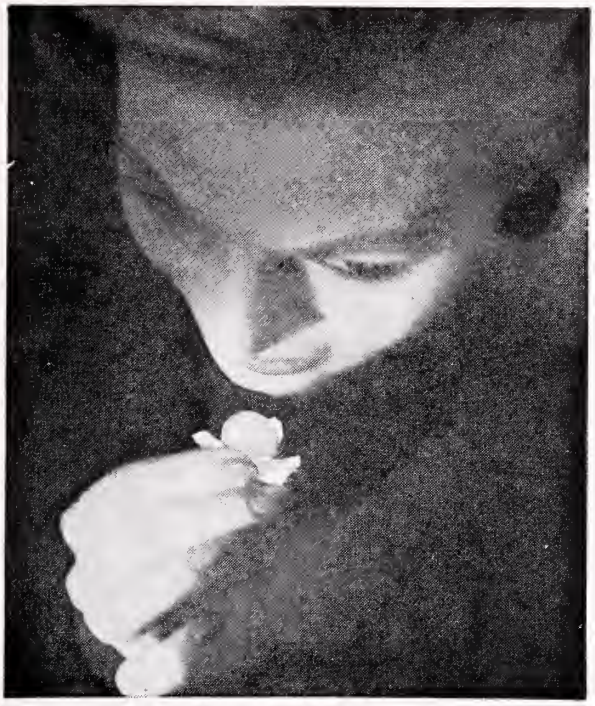
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(*Continued from page 49*)

Thomas McMillan

Thomas McMillan was born at Kirkintilloch, Scotland, on November 11, 1847. His medical education was received at Glasgow and Durham Universities.

Dr. McMillan was in general practice in Glasgow for many years before coming to Hawaii in 1897. He started his practice in Honolulu but later was government physician at Waianae, Oahu; in the Kau district on Hawaii; and in Hana, Kipahulu, and Wailuku districts on Maui.

Due to failing eyesight Dr. McMillan was forced to retire, and he eventuallly became totally blind. He made a trip abroad to consult eye specialists but returned here to make his home.

Dr. McMillan died February 11, 1934 at the age of 86.

He was a Freemason in Scotland but did not affiliate with any of the local lodges. He was a member of the Scottish Thistle Club, the British Club, the Overseas Club, and Central Union Church.

George Waldo Burgess

George Waldo Burgess was born in Lawrence, Massachusetts, in October, 1869. In 1876 his parents moved to Oakland, California, and three years later they came to Honolulu.

Young Burgess studied at Herald's Business College in 1884, and in 1888 he became bookkeeper and confidential clerk for Benson Smith & Co. He left for San Francisco in 1893 and studied medicine at Cooper Medical College from which he graduated in 1895. After graduation he served as house physician and surgeon at the Taylor Sanitarium in Oakland.

He visited Honolulu in June, 1897 and decided to locate here.

The doctor was a veteran of the Spanish-American war.

He returned to San Francisco and was for many years resident physician for the Southern Pacific Railway. He was an active Mason and Odd Fellow. Dr. Burgess died in San Francisco on March 7, 1940.

Emmet C. Rhodes

Dr. Emmet C. Rhodes came to Honolulu in 1897. He was for some time company physician at Ewa plantation. Later he was one of the Wahiawa homesteaders and held property in that district up to the time of his death.

Dr. Rhodes died at Long Beach, California, on February 15, 1915, at the age of 67. He is survived by his wife.

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(*Continued from page 57*)

concepts, especially in nasal physiology. The bibliographical references are conveniently located at the bottom of the pages.

The infectious medical and surgical diseases, increasingly common in spite of antibiotics, are not lightly dismissed as though rarely seen. Tympanoplasty, a revolutionary aspect of aural rehabilitation, is too recent to be included in this edition, but the remainder of the material is modern and well edited. This textbook, a father and son effort, deserves its long popularity and can be recommended highly to specialists or general physicians.

JOHN P. FRAZER, M.D.

Fundamentals of Clinical Fluoroscopy (2d Revised Edition).

By Charles B. Storch, M.D., 305 pp., illus., $8.75, Grune & Stratton, 1957.

This manual of fluoroscopy can be roughly divided into two parts. The first third of the book concerns fluoroscopy of the chest and heart; the latter two-thirds is devoted to fluoroscopy of the alimentary tract. There is extensive use of radiographs and drawings for illustrations of the technique of fluoroscopy, as well as normal and abnormal findings. As far as the latter is concerned, there is considerable reference, not only in the text but also in the illustrations, to findings which would be more apparent on radiographs than by fluoroscopy alone. There is an excellent section of approximately 40 pages on the normal and abnormal findings in the small intestine.

While this volume will be of interest to those physicians practicing clinical fluoroscopy, particularly beginners in the field, and for those experienced fluoroscopists who wish to refresh their technique, I do not think it will be of much interest to other physicians. As the author himself states, it has not been his intention to make the reader an accomplished fluoroscopist. This is somewhat at variance with some of the excerpts from reviews of the first edition, quoted on the jacket of the present second edition, which might prove to be misleading to the unsuspecting purchaser.

RICHARD D. MOORE, M.D.

Bone Structure and Metabolism.

Ciba Foundation Symposium, 229 pp., illus., $8.00, Little, Brown and Company, 1956.

This Ciba Foundation Symposium is a collection of papers by internationally prominent men engaged in research. The discussions following each paper are enlightening and stimulating though I daresay at a very high level. Without preliminary reading, comprehension of the detailed work done by such eminent researchers as F. McLean and M. Urist on the anatomy and physiology of bone would be difficult.

I. NADAMOTO, M.D.

Gynecologic Therapy.

By William Bickers, M.D., 158 pp., $4.25, Charles C. Thomas, 1957.

This monograph makes gynecology a deceivingly easy and simple specialty. The chapters are organized into a logically ascending approach starting anatomically at the introitus, touching upon physiology and physiologic

(*Continued on page 78*)

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in spastic and irritable colon



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BOOK REVIEWS

(*Continued from page 76*)

pathology and ending with the climacteric. The component sections are filled with numerous one-sentence descriptions of the normal and abnormal.

The simplicity of its structure, though readily readable has its drawback in that this book is too simple and too superficial for the practitioner. It is excellent reading material for the clinical medical student and the intern. The book has a place on the medical library shelf, and it should be right next to a comprehensive gynecologic text book where the reader can go from a good introduction, such as this one, into a more detailed follow-up.

WILLIAM ITO, M.D.

Diseases of the Breast.

By C. D. Haagensen, M.D., 751 pp., illus., $16.00, W. B. Saunders Co., 1956.

This volume is a well-planned treatise on a subject which seems to gain daily importance as a result of public education. It is based mainly on the author's personal experience of many years' devotion to the treatment of diseases of the breast.

The book begins with a very good chapter on anatomy which serves as a basis for a lucid presentation of the later sections on pathological conditions. The chapter on physiology is brief but adequate. His *Methods of Diagnosis* should be instructive to both student and practicing physician.

Throughout the volume reference is made to the author's correlation of clinical findings with the pathological studies of the noted Arthur Purdy Stout. This is fortunate and lends added authority to the material presented.

The chapters on cancer and other malignancies are detailed and well done. There is no doubt of the author's reluctance to perform so-called "super-radical" procedures. Unquestionably other surgeons will disagree with him but his reasons are clear and based on documented evidence.

This volume is well-printed and very readable. It is a valuable addition to our references. It should be in every library and in the hands of all doctors who treat diseases of the breast.

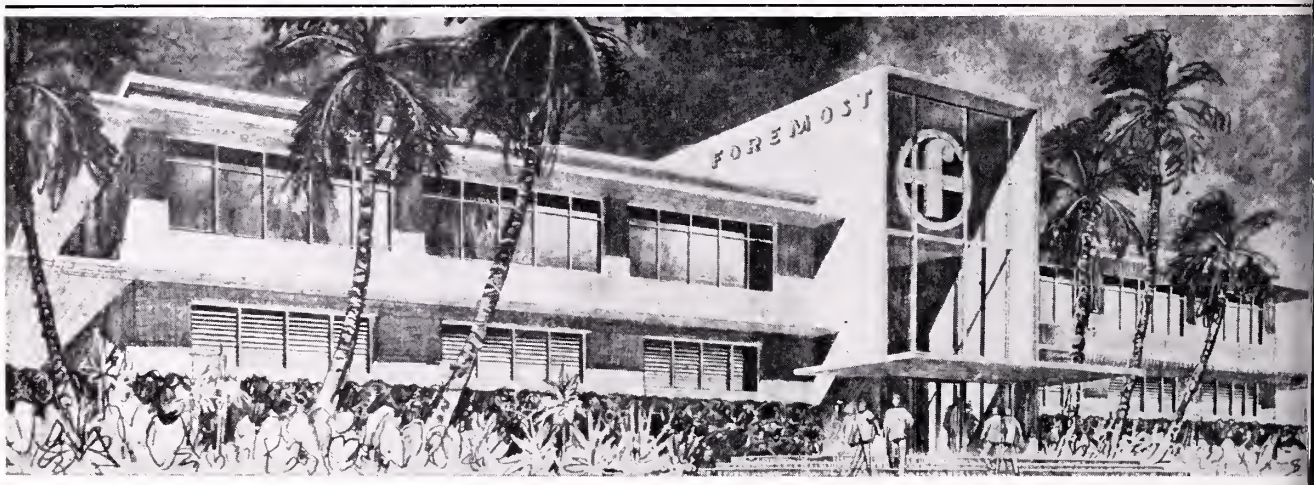
SAMUEL L. YEE, M.D.

Gifford's Textbook of Ophthalmology.

By Francis Heed Adler, M.D., sixth edition, illustrated with 277 figures and 26 color plates, $7.50, W. B. Saunders Co., 1957.

This authoritative text will be a great help to the medical student, nurse, intern, and general practitioner who wish to become more familiar with ophthalmology. Here one will find a fund of information presented in an exceedingly interesting and practical manner. In the past small texts have been prepared for the profession, some quite inadequate, and others simply abstracts taken from the larger texts. The material does not include the rarer eye conditions of interest to the mature ophthalmologist, but is entirely up-to-date in mentioning some of the newer methods for the recognition and study of certain eye diseases receiving more attention today than in the past; namely, viral and degenerative diseases, corneal and glaucoma problems. Certain subjects which were not given sufficient space in previous editions, or

(*Continued on page 80*)



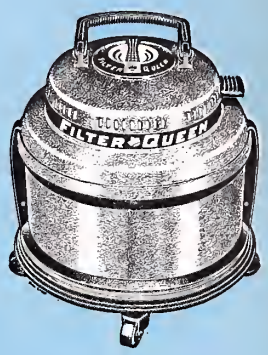
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BOOK REVIEWS

(*Continued from page 78*)

were scattered throughout the text, such as first aid in ocular injuries, are now unified under their proper chapter heading, making the information more readily available. Even the experienced ophthalmologist will find this edition refreshing and very instructive. It would be a splendid basis for the preparation of lectures in ophthalmology to the uninitiated.

H. F. MOFFAT, M.D.

Modern Office Gynecology.

By George Blinick, M.D., and Sherwin A. Kaufman, M.D., 217 pp., illus., $4.50, Lea & Febiger, 1957.

The division of this book into three sections makes reading quite easy and enjoyable. The first section is a discussion of common gynecological symptoms with differential diagnosis and treatment. The authors have given a single form of therapy which they have found successful. This is an effective and simple method of teaching general practitioners and gynecologists who have not formulated any plans of their own. However, there are several controversial matters which should be commented on. The authors have recommended microscopic examinations for all cervical polyps removed in the office, but make no comment on the advisability of curettage to rule out malignancy. They recommend topical estrogenic preparations for senile vaginitis as the treatment of choice, but oral estrogens in small doses produce the same end results without vaginal bleeding. The chapter on infertility is very clear and concise and has a very practical method of doing studies for sterility cases.

(*Continued on page 82*)



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BOOK REVIEWS

(*Continued from page 80*)

The section of illustrations depicting important techniques is well presented and leaves very little for the imagination.

The third section consists of an annotated bibliography complete with clinical abstracts. This section presents many controversial issues and amplifies the first section.

Everyone who deals with gynecology would do well to read this book, which has important information compressed in a small volume.

GEORGE GOTO, M.D.

Diagnosis and Treatment of Peripheral Vascular Disorders.

By David I. Abramson, M.D., 537 pp., illus., $13.50, Hoeber-Harper.

This book by the Professor of Medicine at the University of Illinois is divided into two parts, the first of which discusses the differential diagnosis of signs and symptoms and gives the details of several practical office examinations which are useful in the peripheral vascular patient. The second and larger portion of the book covers the different types of vascular disorders in detail and is well supplemented with charts to aid in the differential diagnosis of these diseases. The therapy of the vascular disorders is covered in generalities. The author wastes no space on the technical aspects of these different diseases, and this book is an excellent reference for the hospital and office.

SCOTT C. BRAINARD, M.D.

(*Continued on page 86*)

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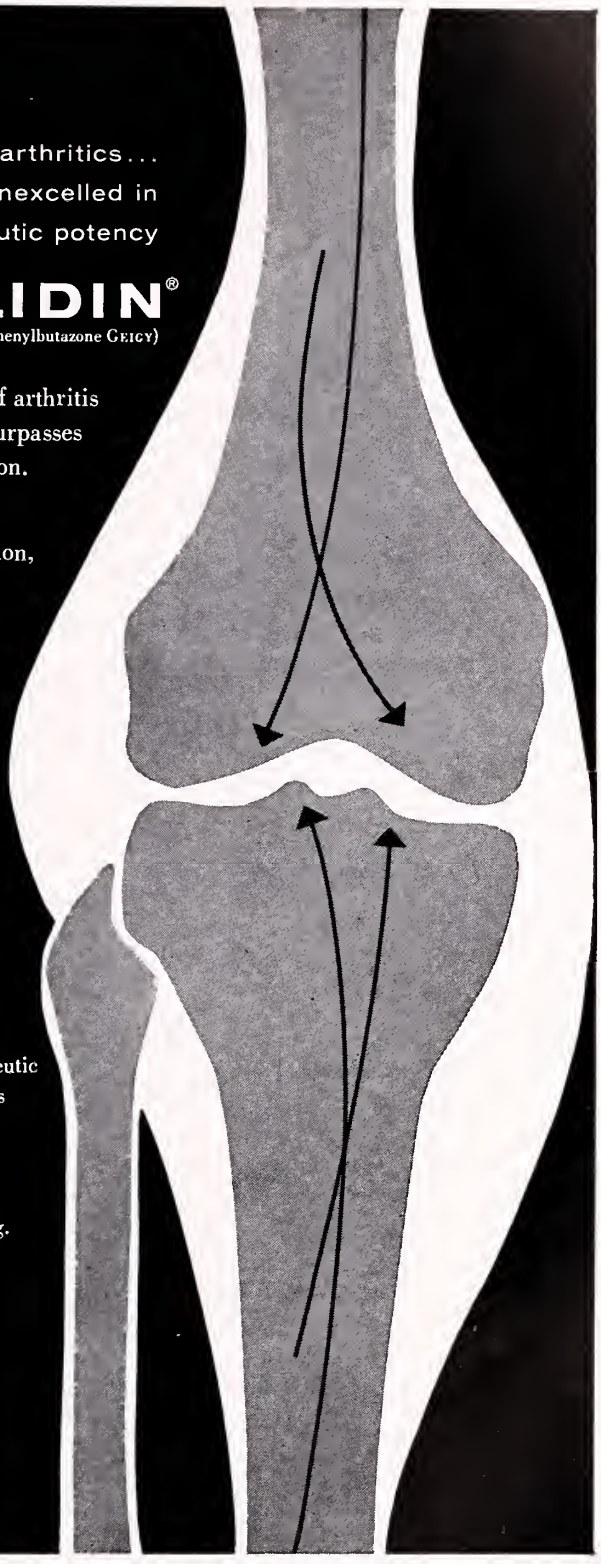
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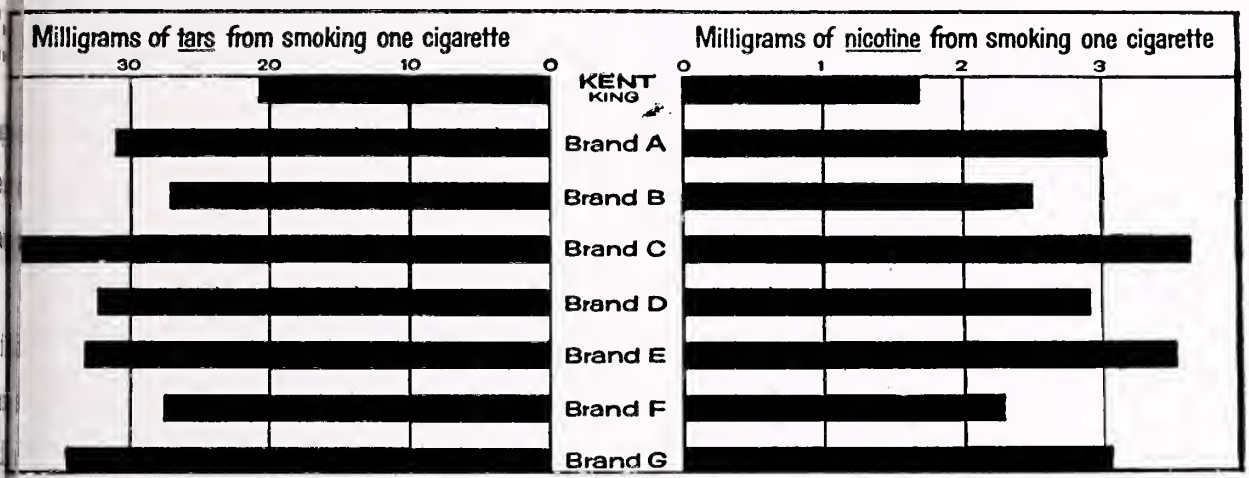
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(*Continued from page 82*)

Basic Foundations of Isotope Technique for Technicians.

By Willard C. Smullen, M.D., 163 pp., illus., $4.75, Charles C. Thomas, 1957.

This 150-page book covers all the radio-isotope techniques that are in use at the present time; i.e., isotopes such as I-131, P-32, Au-198, and Co-60. Although this book was written for technicians, the material is also suitable for doctors who have had training in radio-isotope work. It is useful as a laboratory manual or as a teaching aid. Scattered throughout the book are numerous pictures and diagrams which are always helpful in any book of this category. As a whole, it is simple reading, provided, of course, the reader has the necessary background training in radioactivity and medicine.

JUN-CH'UAN WANG, M.D.

Textbook of Pathology With Clinical Applications.

By Stanley L. Robbins, M.D., 1351 pp., $18.00, W. B. Saunders Co., 1957.

This first edition by the associate professor of pathology at Boston University and associate director of the Mallory Institute was probably intended for medical students but is an excellent reference. It is a large volume, a fairly complete text, about like Moore or Anderson, which has the primary aim of simplifying pathology and emphasizing its clinical and practical aspects. It is therefore a readable, useful volume.

It is divided into 32 sections on general pathology and pathology of organs and systems. The first part is fairly complete and includes material on cell structure, exfoliative cytology, properties of tumors, metabolic disease, collagen disease and others. A few important diseases of the newborn and childhood are included. The material on infectious diseases is the longest and the best.

The remaining portion has several chapters by consultants on topics of oral pathology, the central nervous system, the lymph nodes and spleen, liver, and skin. Some newer syndromes and diseases are included. The sections on the breast, thyroid, liver, kidney, and lung are good and the section on the pathology of the central nervous system is especially good. The references and illustrations are good.

JEROME PEACOCK, M.D.

Also Received

Liver, Biliary Tract and Pancreas.

By Frank H. Netter, M.D., 165 pp., $10.50, Ciba, 1957.

Another valuable edition to the excellent collection of medical illustrations by an outstanding medical artist. This deals with the digestive system and accessory organs both in normal state and in disease. The descriptive material on the normal and pathological physiology is concise and informative. Like each predecing edition, this too should be of great value to all physicians as a ready reference as well as a pictorial demonstration of the patient's condition.

(*Continued on page 92*)

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1. Margulies, N.R.; Irvin, D.L., and Goetzl, F.R.: Permanente Found. M. Bull. 8:1 (Jan.) 1950.
2. Irvin, D.L.; Ahokas, A.J., and Goetzl, F.R.: Permanente Found. M. Bull. 8:97 (Oct.) 1950.
3. Goetzl, F.R.: Permanente Found. M. Bull. 8:72 (April) 1950.
4. Irvin, D.L., and Goetzl, F.R.: Permanente Found. M. Bull. 9:119 (Oct.) 1951.
5. Irvin, D.L.; Durra, A., and Goetzl, F.R.: Am. J. Digest. Dis. 20:17 (Jan.) 1953.
6. Goetzl, F.R.: A Note on the Possible Usefulness of Wine in the Management of Anorexia, unpublished.

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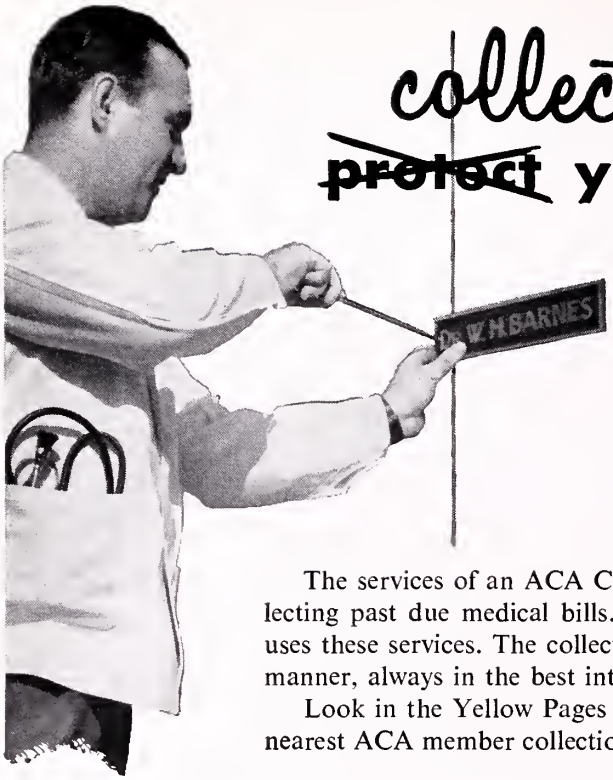
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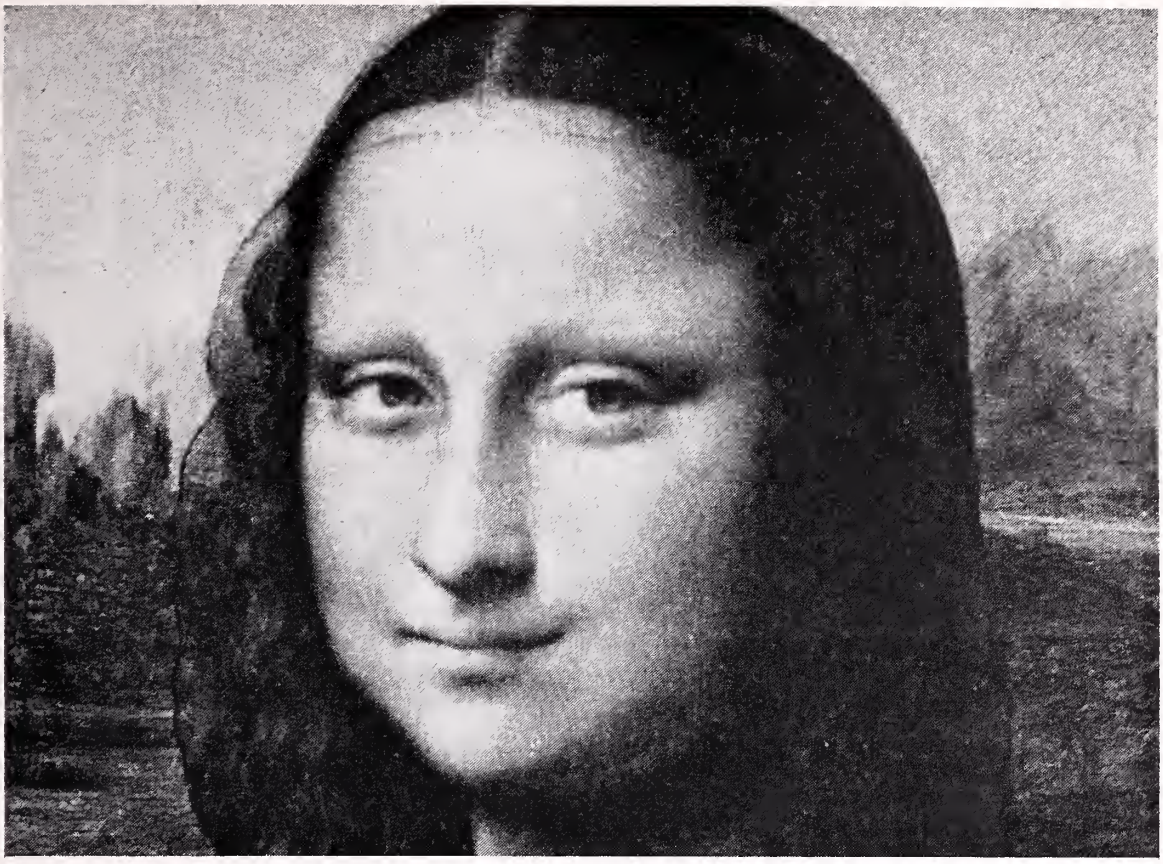
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BOOK REVIEWS

(*Continued from page 86*)

Some Milestones in the History of Hematology.

By Camille Dreyfus, M.D., 87 pp., $4.50, Grune & Stratton, 1957.

This book presents some of the highlights in the history of the development of hematology as a clinical science. It should be of interest to all students of historical medicine.

When Doctors Meet Reporters.

Compiled by Hillier Krieghbaum, 119 pp., $2.50, New York University Press, 1957.

This booklet presents the discussions of physicians and science writers who met to explore ways in which improved public relations can be attained and at the same time misinterpretation of medical and scientific releases by the press be avoided. Much of the material is presented in interview form and gives the viewpoint of both the doctor and the reporter. It also includes the codes of cooperation of several medical societies. It is highly recommended to all physicians because they will undoubtedly be confronted with the press at one time or another during their career.

The Medical Clinics of North America.

March, 1957, 615 pp., W. B. Saunders Company, 1957.

The Medical Clinics of North America presents a symposium on the use of the newer drugs and their

(*Continued on page 94*)

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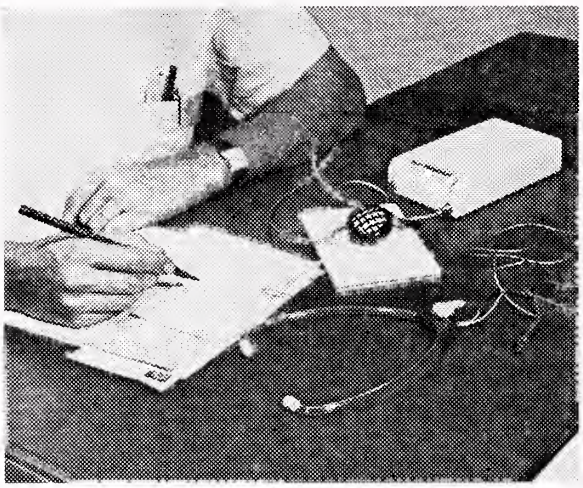
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(*Continued from page 92*)

evaluation in a variety of disorders including neurological, metabolic, and hypertensive diseases.

New and Nonofficial Remedies 1957.

Evaluated by the Council on Pharmacy and Chemistry, 582 pp., L. B. Lippincott Company, 1957.

The latest edition of the New and Nonofficial Remedies presents up-to-date information on drugs in current use which are acceptable to the Council of Pharmacy and Chemistry of the American Medical Association. These are arranged according to their action on the physiological system and afford a ready source of reference to the practicing physician.

Dorland's Illustrated Medical Dictionary 23rd Edition.

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The 23rd edition of this standard medical dictionary contains an excellent and complete presentation of medical terms. The rapid advancement in medical science has necessitated additions of many new features.

The Riddle of Stuttering.

By C. S. Bluemel, M.D., 142 pp., $3.50, The Interstate Publishing Co., 1957.

This small volume deals with the probable cause of stuttering and presents the corrective measures in current use.

(*Continued on page 96*)

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BOOK REVIEWS

(*Continued from page 94*)

Medical Services For Rural Areas.

By William A. Massie, 68 pp., $1.25, Harvard University Press, 1957.

A pamphlet dealing with the problems of adequate medical care in the rural communities, a responsibility of the medical society according to the Tennessee State Medical Association.

Speech Correction at Home.

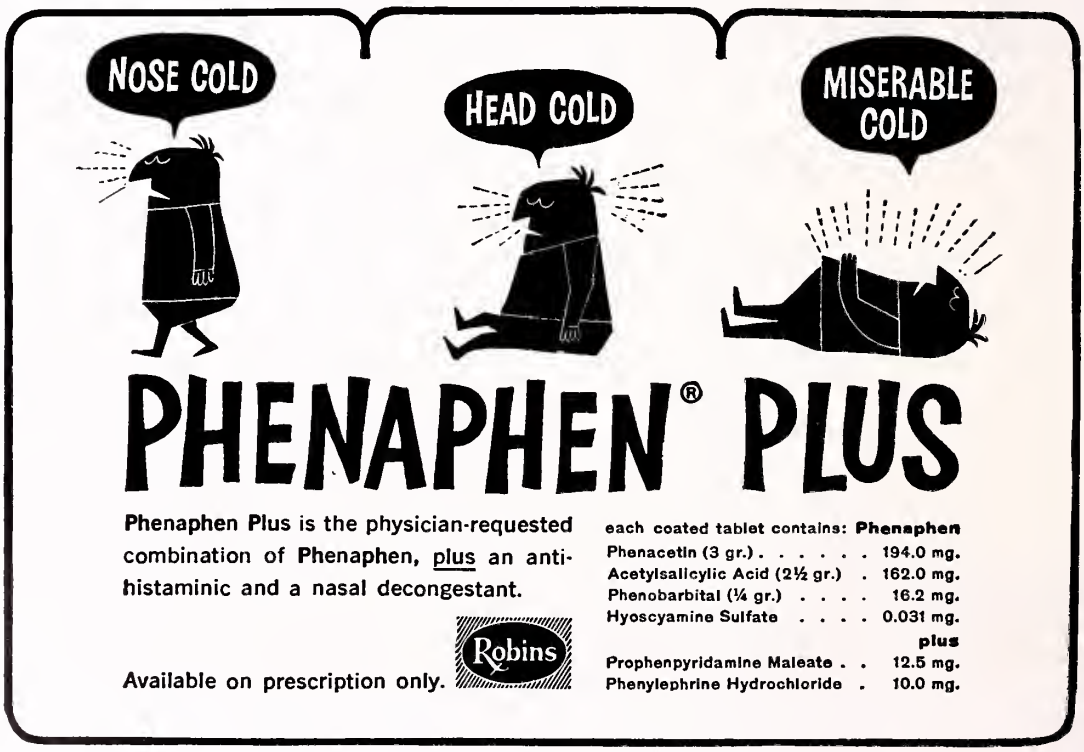
By Morris Val Jones, Ph.D., 138 pp., $4.75, Charles C. Thomas, 1957.

This volume deals with the evolution of speech and various manifestations of defective speech in the developing child and in the adult. It presents practical measures for the correction of such defects and is a guide to those responsible for the care of stroke victims and laryngectonized patients.

Blood Tests In Mental Illness.

Papers and Discussions Presented at the Annual Scientific Conference of the Brain Research Foundation Chicago, Ill., January 12, 1957.

This pamphlet deals with the chemical changes of the blood in brain disorders and related diseases. It is a relatively new approach to the problem. Although at the present time it is highly theoretical and speculative, the book should be of interest to any one interested in this field.





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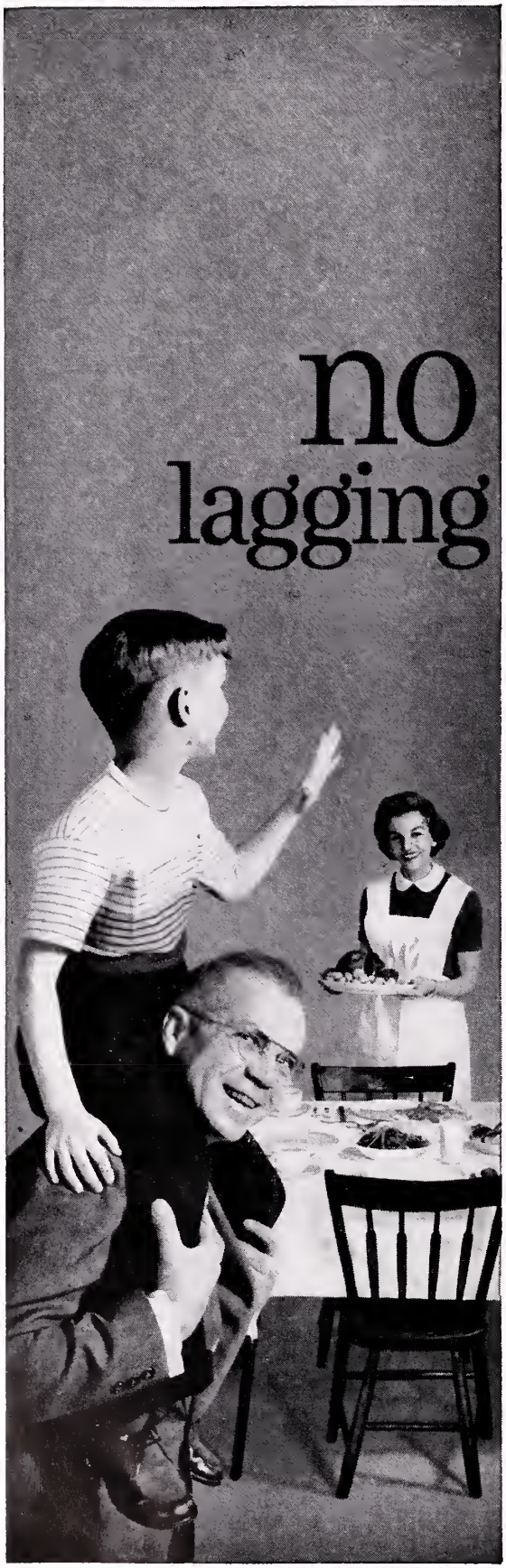
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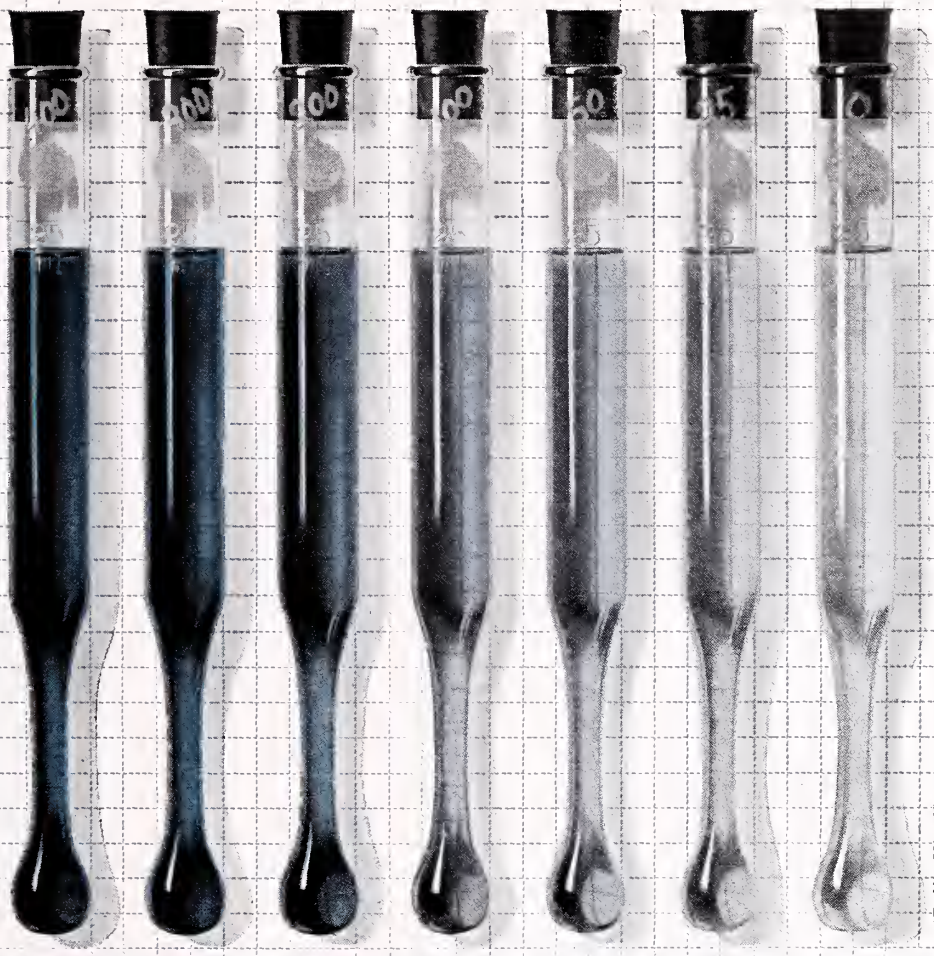
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(Continued from page 51)

with the Community Group Plan and the bad connotations it has had in the past.

Dr. Giles moved that all the plans of HMSA be contingent upon the same income level as had been voted for the Community Group Medical Plan tonight. The motion was seconded and was carried.

There being no further business, the meeting was adjourned to the lanai where refreshments were served.

T. H. RICHERT, M.D.
Secretary

Hawaii

The Hawaii County Medical Society held its monthly meeting on July 12, 1957, at the Hilo Hotel. Dr. James Rhee was present as a guest.

In behalf of the Hawaii County Medical Society, Dr. Miyamoto presented Dr. Orenstein with a gift. Dr. Orenstein will be leaving for the mainland in the near future.

Dr. Helms revealed that the HAWAII MEDICAL JOURNAL will cost $2.00 more than last year. It was moved and seconded that instead of assessing each member $2.00 more this year, the extra expense of the JOURNAL be taken from the treasury and, also, any increase in the publication of the HAWAII MEDICAL JOURNAL next year be defrayed by assessing each member. This was unanimously approved.

The rest of the evening was devoted to an interesting talk by Dr. Rhee on "Epidural Anesthesia."

* * *

The Hawaii County Medical Society held its dinner-meeting at the Hilo Hotel on June 14, 1957. Mr. Albert Yuen of the HMSA was present as guest.

Most of the evening was devoted to a discussion of the actions taken by the Honolulu County Medical Society regarding the changes in the HMSA income clause and in the discontinuation of the 20 per cent withholding in the CGMP. After much discussion, Dr. Haraguchi moved that our Society go along with the Honolulu County Medical Society in discontinuing the 20 per cent withholding in the CGMP. This was seconded by Dr. Okumoto and was approved by a vote of 13 to 5. Dr. Bergin made a motion to approve a uniform income clause ($4800, $6000, $7800) for all HMSA plans. This was seconded by Dr. Haraguchi and was approved by a vote of 13 to 5.

RICHARD M. YAMAUCHI, M.D.
Secretary

Maui

The regular meeting of the Maui County Medical Society was held on July 16, 1957. Cocktails and dinner at Central Maui Memorial Hospital were enjoyed by the members, as well as the members of the Woman's Auxiliary. Guests present: Dr. Herbert Bowles, Mr. Veltmann, John Graham, Dr. Van Loon, and Dr. Reichert.

Mr. Veltmann of HMSA was present and asked for questions from the floor regarding any HMSA business. Two points he brought out were: (1) that subsequent to August 1, 1957, there will be no 20 per cent deduction, and (2) that the HGEA members will have a $25.00 deductible type of insurance for hospitalization.

Dr. Herbert Bowles of the Straub Clinic gave a talk on "Obstetrical Emergencies." He covered the field from late toxemias of pregnancy to Rh problems.

JOSEPH E. FERKANY, M.D.
Secretary

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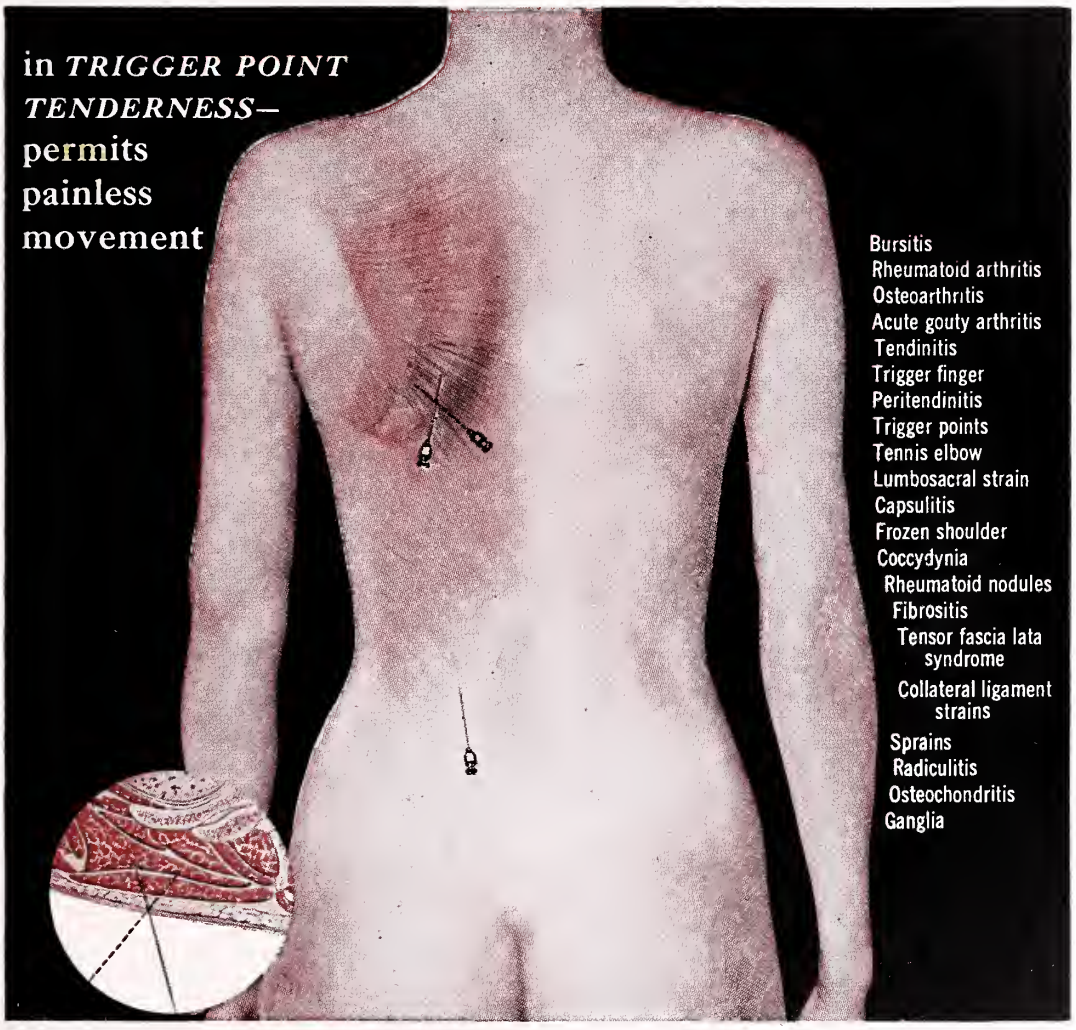
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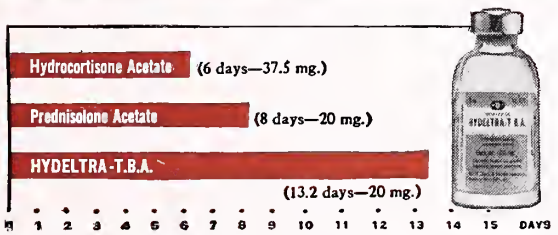
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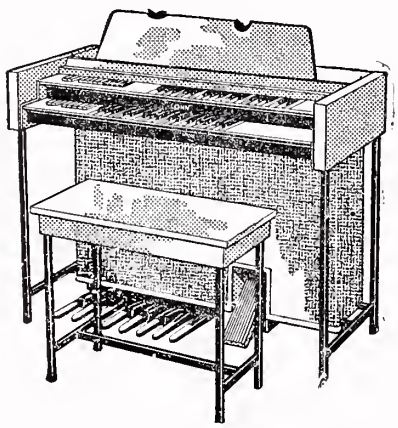
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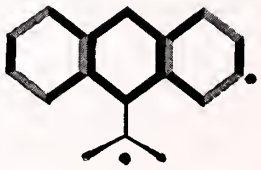
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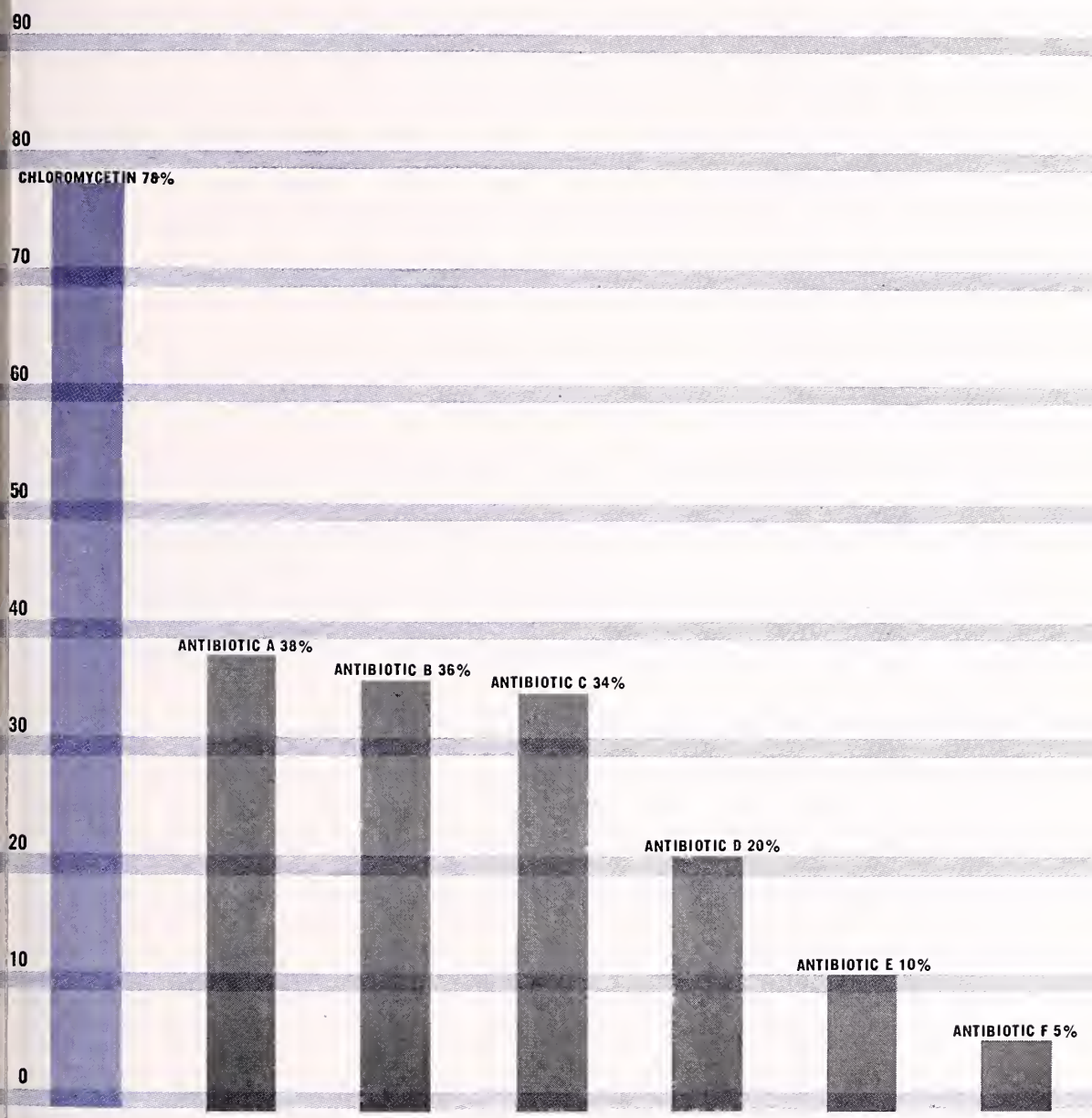
(1) Petersdorf, R. G.; Bennett, I. L., Jr., & Rose, M. C.: *Bull. Johns Hopkins Hosp.* **100**:1, 1957. (2) Yow, E. M.: *GP* **15**:102, 1957. (3) Altemeier, W. A., in Welch, H., and Marti-Ibanez, F, ed.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 629. (4) Kempe, C. H.: *California Med.* **84**:242, 1956. (5) Spink, W. W.: *Ann. New York Acad. Sc.* **65**:175, 1956. (6) Rantz, L. A., & Rantz, H. H.: *Arch. Int. Med.* **97**:694, 1956. (7) Wise, R. I.; Cranny, C., & Spink, W. W.: *Am. J. Med.* **20**:176, 1956. (8) Smith, R. T.; Platou, E. S., & Good, R. A.: *Pediatrics* 17:549, 1956. (9) Royer, A.: Scientific Exhibit, 89th Ann. Conv. Canad. M. A., Quebec City, Quebec, June 11-15, 1956. (10) Bennett, I. L., Jr.: *West Virginia M. J.* **53**:55, 1957. (11) Altemeier, W. A.: *Postgrad. Med.* **20**:319, 1956. (12) Felix, N. S.: *Pediat. Clin. North America* 3:317, 1956. (13) Metzger, W. I., & Jenkins, C. J., Jr.: *Pediatrics* 18:929, 1956. (14) Woolington, S. S.; Adler, S. J., & Bower, A. G., in Welch, H., and Marti-Ibanez, F, ed.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 365. (15) Waisbren, B. A., & Strelitzer, C. L.: *Arch. Int. Med.* **99**:744, 1957.

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Acetylsalicylic Acid (2½ gr.)	162.0 mg.
Phenobarbital (¼ gr.)	16.2 mg.
Hyoscyamine Sulfate	0.031 mg.
plus	
Prophenpyridamine Maleate	12.5 mg.
Phenylephrine Hydrochloride	10.0 mg.

when anxiety and tension "erupts" in the G. I. tract...

IN DUODENAL ULCER



PATHIBAMATE*

Meprobamate with PATHILON® Lederle

Combines Meprobamate (*400 mg.*) the most widely prescribed tranquilizer . . . helps control the "emotional overlay" of duodenal ulcer — without fear of barbiturate loginess, hangover or habituation . . . *with* PATHILON (*25 mg.*) the anticholinergic noted for its extremely low toxicity and high effectiveness in the treatment of many G.I. disorders.

Dosage: 1 tablet t.i.d. at mealtime. 2 tablets at bedtime. *Supplied:* Bottles of 100, 1,000.

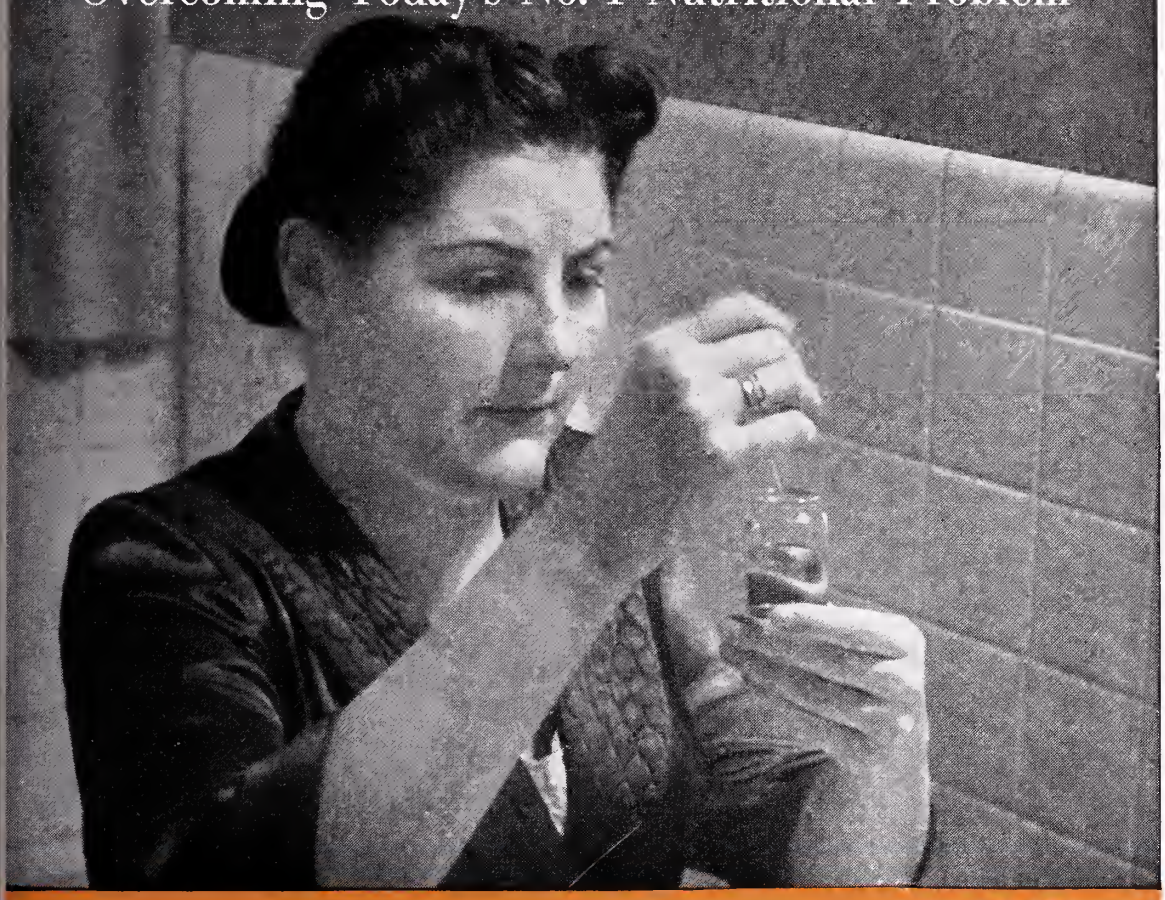
Lederle

*Trademark ® Registered Trademark for Tridihexethyl Iodide Lederle

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KNOX PROTEIN PREVIEWS

Overcoming Today's No. 1 Nutritional Problem



Knox "Food Exchange" Diet Enlists the Cooperation of Your DIABETIC Patients for Dietotherapy



1. This Knox booklet is based on nutritionally-tested Food Exchanges[1] and demonstrates that variety is possible for diabetic diets.

2. The easy-to-understand Food Exchanges simplify dietary control for the diabetic by eliminating calorie counting.

3. Diets promote accurate adjustment of caloric levels to the special needs of the patient, yet allow each individual considerable latitude in the choice of foods.

4. Each booklet presents in addition 16 pages of appetizing, kitchen-tested recipes.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc., and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.



Chas. B. Knox Gelatine Co. Inc.
Professional Service Dept. SJ28
Johnstown, N. Y.

Please send me dozen copies of the Knox diabetic brochure describing the use of Food Exchange Lists.

Your Name and Address

when a cold takes hold
counteract all the symptoms

To curb and control even the severest cold symptoms, CORICIDIN® FORTÉ Capsules offer the combined benefits of clinically proved CORICIDIN—plus—

methamphetamine —to counteract depression and fatigue
vitamin C —to meet added requirements during stress of illness
antihistamine —in full therapeutic dosage

CORICIDIN FORTÉ provides comprehensive therapy not only to counteract congestive and coryzal symptoms of the severest cold but also to combat lassitude, fever, aching muscles, torpor, depression and general malaise.

Schering

CN-J-7107

unique derivative of Rauwolfia canescens

Harmonyl*

combines the full effectiveness of the rauwolfias with a new degree of freedom from side effects

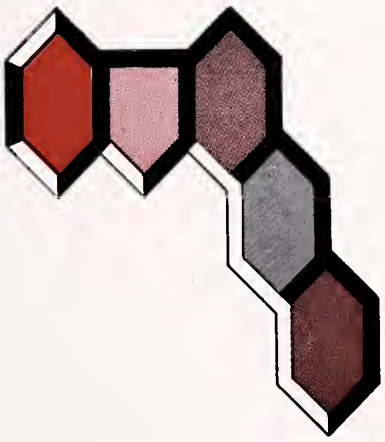
Harmonyl makes rauwolfia more useful in your everyday practice. Two years of clinical evaluation have shown this new alkaloid exhibits significantly fewer and milder side effects than reserpine. Yet, Harmonyl compares to the most potent forms of rauwolfia in effectiveness.

Most significant: Harmonyl causes less mental and physical depression—and far less of the lethargy seen with many rauwolfia preparations.

Patients became more lucid and alert, for example, in a study[1] of chronically ill, agitated senile cases treated with Harmonyl. And these patients were completely free from side effects — although a group on reserpine developed such symptoms as anorexia, headache, bizarre dreams, shakes, nausea.

Harmonyl has also demonstrated its potency and relative freedom from side effects in hypertension. In a study comparing various forms of rauwolfia[2], the investigators reported deserpidine "an affective agent in reducing the blood pressure of the hypertensive patient both in the mild to moderate, as well as the severe form of hypertension." They also noted that side reactions were "less annoying and somewhat less frequent" with this new alkaloid. Other studies confirm that few cases of giddiness, vertigo or sense of detached existence or disturbed sleep are seen with Harmonyl.

Professional literature on this unique rauwolfia derivative is available upon request. Harmonyl is supplied in 0.1-mg., 0.25-mg. and 1-mg. tablets. Abbott



References: 1. Communication to Abbott Laboratories, 1956. 2. Moyer, J. H. et al: Deserpidine for the Treatment of Hypertension, Southern Medical J., 50:499, April, 1957.



* Trademark for Deserpidine, Abbott



Excellent for over-weight patients

man....woman....or child!

NEW Dairymen's

DIET-SPECIAL NON-FAT MILK

With No Fat Content

Rich in Protein and Minerals

Vitamin A and D added

COSTS YOUR PATIENTS AS LITTLE AS 13¢ A QUART*

Available from your Dairymen's Milkman



**To 1 qt. of Dairymen's Diet-Special Non-Fat Milk priced at 39¢, you simply add 2 qts. of cold water—making 3 qts. at approx. 13¢ a qt.*

Dairymen's MILK AND ICE CREAM



For anxiety, tension and muscle spasm in everyday practice.

- well suited for prolonged therapy
- well tolerated, relatively nontoxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness

RELAXES BOTH MIND AND MUSCLE

WITHOUT IMPAIRING MENTAL OR PHYSICAL EFFICIENCY



Miltown®

tranquilizer with muscle-relaxant action

2-methyl-2-**n**-propyl-1,3-propanediol dicarbamate — U. S. Patent 2,724,720

Supplied: 400 mg. scored tablets
200 mg. sugar-coated tablets

Usual dosage: One or two 400 mg. tablets t.i.d.

Literature and samples available on request



THE ORIGINAL MEPROBAMATE
DISCOVERED & INTRODUCED BY
WALLACE LABORATORIES
NEW BRUNSWICK, NEW JERSEY

CM-5099-R

AN IMPORTANT ADVANCE IN MENOPAUSAL THERAP

Because it replaces *half* control with *full* control

Because it treats the *whole* menopausal syndrom

Because *one* prescription manages *both* the psychic and somatic symptoms.

SUPPLIED: Bottles of 60 tablets.
Each tablet contains:

MILTOWN® (meprobamate, Wallace) **400 mg.**
2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate.
U. S. Patent No. 2,724,720.

Conjugated Estrogens (equine) **0.4 mg.**
Licensed under U. S. Patent No. 2,429,398.

DOSAGE: One tablet t.i.d. in 21-day courses with one week rest periods. Should be adjusted to individual requirements.

Samples and literature on request.

Two-dimensional treatment of the menopause

"Milprem"

MILTOWN®
A Proven Tranquilizer
+
CONJUGATED ESTROGENS (EQUINE)
A Proven Estrogen

WALLACE LABORATORIES, *New Brunswick, N. J.*
who discovered and introduced Miltown, the original meprobamate.



now "... *care of the man rather than merely his stomach."*[1]



"Milpath"

Miltown® + *anticholinergic*



controls

gastrointestinal dysfunction

at cerebral *and* peripheral levels

tranquilization without barbiturate loginess

spasmolysis without belladonna-like side effects

for *duodenal ulcer • gastric ulcer • intestinal colic spastic and irritable colon • ileitis • esophageal spasm G. I. symptoms of anxiety states*

prescribe: 1 tablet t.i.d. at mealtime and 2 at bedtime.



"Milpath"

Miltown® + *anticholinergic*



Formula:

Miltown® (meprobamate) 400 mg. (2-methyl-2-*n*-propyl-1, 3-propanediol dicarbamate)
U. S. Patent 2,724,720
tridihexethyl iodide 25 mg.
(3-diethylamino-1-cyclohexyl-1-phenyl-1-propanol-ethiodide)

1. *Wolf & Wolff, Human Gastric Function*

Literature, samples, and personally imprinted peptic ulcer diet booklets on request.

WALLACE LABORATORIES New Brunswick, N. J.



NOW, FROM ROBINS, A NEW AND UNEXCELLED ANTIHISTAMINE

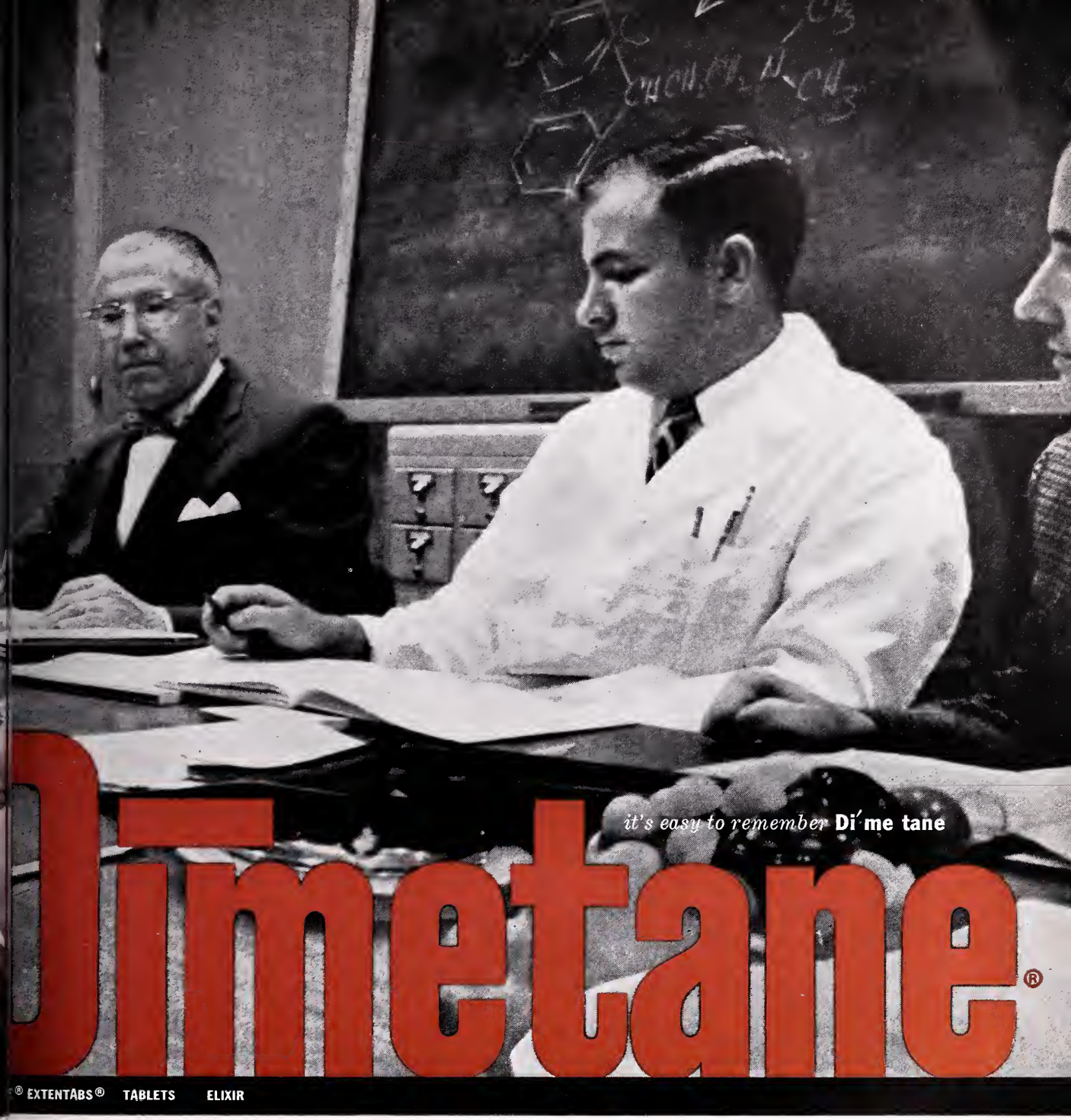
why Dimetane is the best reason yet for you to re-exami
the antihistamine you're now using »*Milligram for milligr*

DIMETANE potency is unexcelled. DIMETANE has a therapeutic index unrivaled by other antihistamine—a relative safety unexceeded by any other antihistamine. DIMETANE, even in very low dosage, has been effective when other antihistamines have failed. Drowsiness, other side effects have been at the very minimum.

» unexcelled antihistaminic action

Diagnosis	No. of Patients	Response				Side Effects
		Excellent	Good	Fair	Negative	
Allergic rhinitis and vasomotor rhinitis	30	14	9	5	2	Slight Drowsi
Urticaria and angioneurotic edema	3	1	1	1		Dizzy (1)
Allergic dermatitis	2		1	1		Slight Drowsi
Bronchial asthma	1		1			
Pruritus	1		1			
Total	37	15	13	7	2	Drowsiness (5 Dizzy (1)

From the preliminary **Dimetane Extentabs** studies of three investigators. Further clinical investigations will be reported as com



it's easy to remember **Di´me tane**

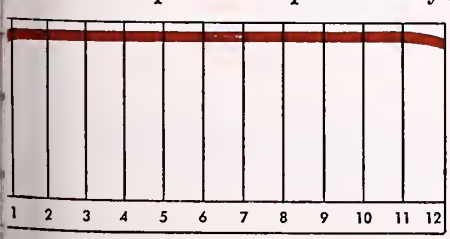
Dimetane®

® EXTENTABS® TABLETS ELIXIR

DIMETANE IS PARABROMDYLAMINE MALEATE — EXTENTABS 12 MG., TABLETS 4 MG., ELIXIR 2 MG. PER 5 CC.

blanket of allergic protection, covering 10-12 ours—with just one Dimetane Extentab » *DIMETANE*

xtentabs protect patient for 10-12 hours on one tablet.



Periods of stress can be easily handled with supplementary DIMETANE Tablets or Elixir to obtain maximum coverage.

Dosage:

Adults—One or two 4-mg. tabs. or two to four teaspoonfuls Elixir, three or four times daily. One Extentab q.8-12 h. or twice daily.
Children over 6—One tab. or two teaspoonfuls Elixir t.i.d. or q.i.d., or one Extentab q.12h.
Children 3-6—½ tab. or one teaspoonful Elixir t.i.d.

A. H. ROBINS CO., INC.

Robins

Richmond, Virginia | Ethical Pharmaceuticals of Merit Since 1878

Asian Strain Influenza Vaccine

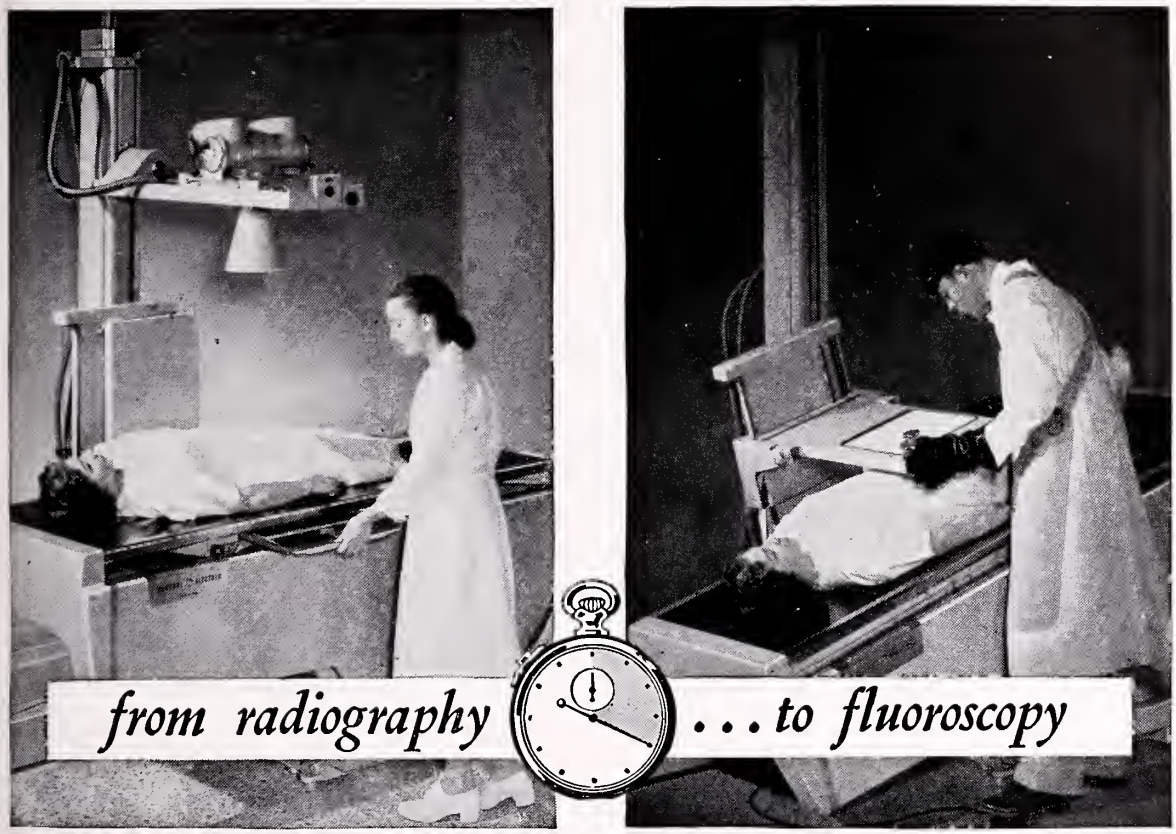
Lederle

In keeping with its tradition of responding to the immediate needs of the medical profession, Lederle announces the availability of "Influenza Virus Vaccine-Monovalent, Type A Asian Strain," produced according to N.I.H. specifications.

The vaccine is specific against the known strains of the so-called "Far East Influenza" virus, and is supplied in a 10 immunization (10 cc.) vial. Every effort will be made to fulfill your requirements.

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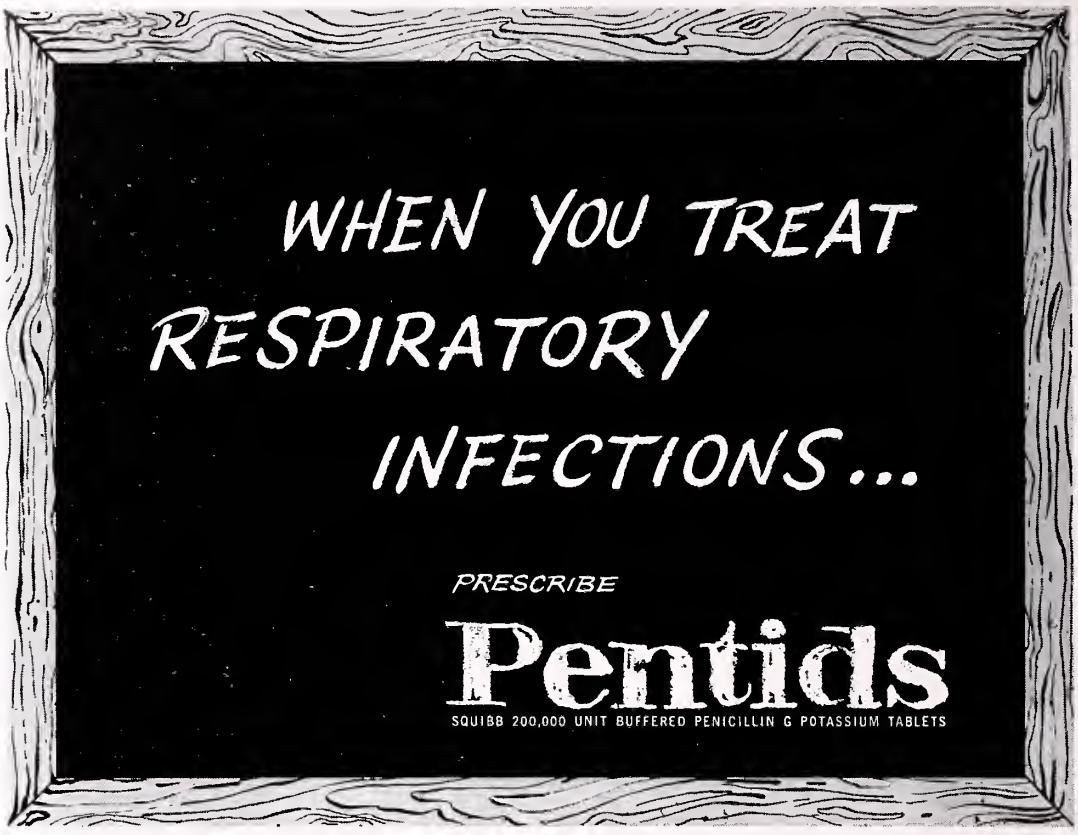
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HAWAII

Direct Factory Branch: Fort and Queen Sts., HONOLULU



- *six years of experience with Pentids in millions of patients confirm clinical effectiveness and safety*
- *excellent results with 1 or 2 tablets t.i.d. for many common bacterial infections*
- *may be given without regard to meals*
- *economical . . . Pentids cost less than other penicillin salts*

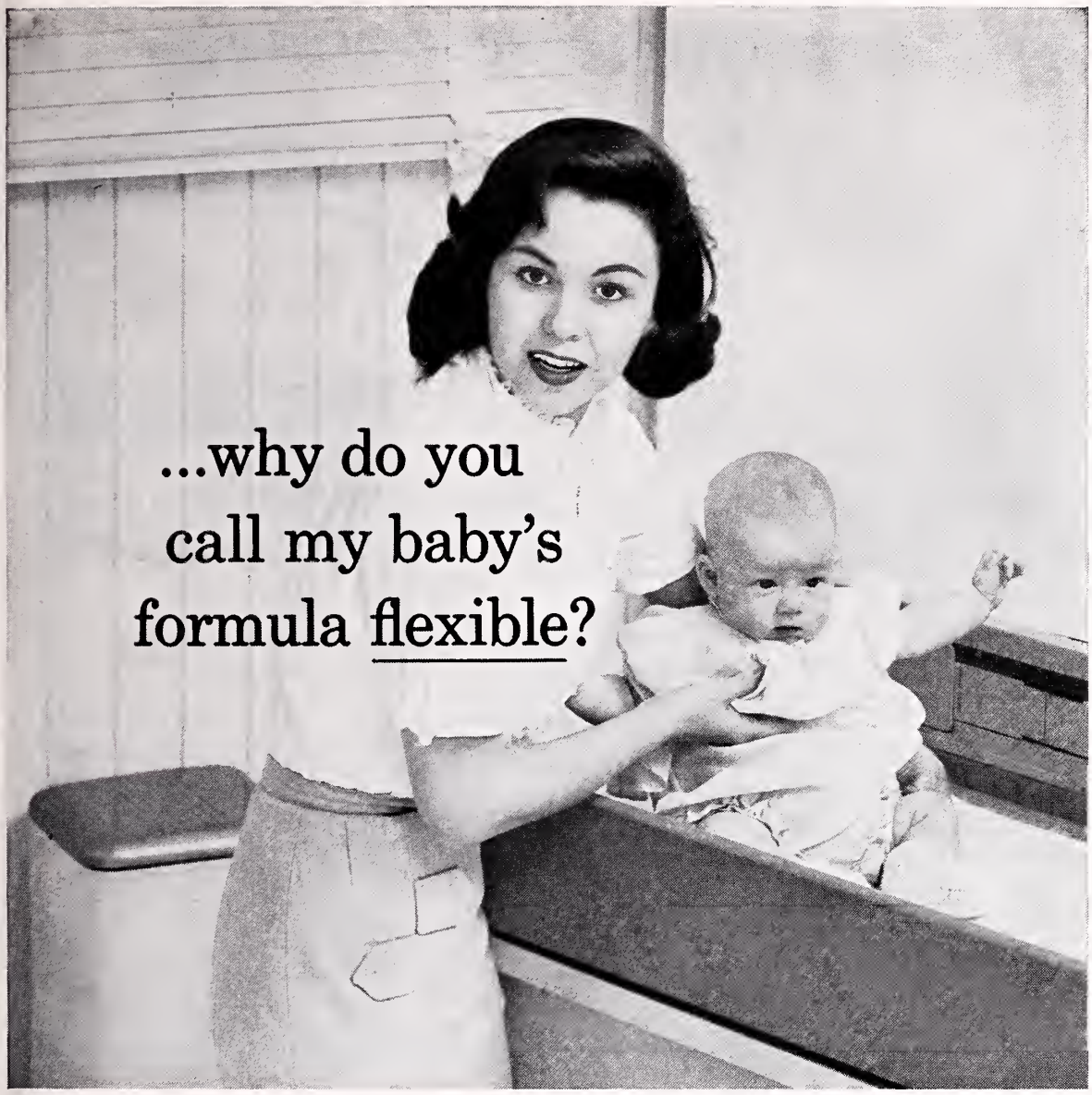
Just 1 or 2 tablets t.i.d. Bottles of 12, 100 and 500

NEW! PENTIDS FOR SYRUP. Orange flavored powder which, when prepared with water, provides 60 cc. of syrup with a potency of 200,000 units of penicillin G potassium per 5 cc. teaspoonful.

Also available: Pentids Capsules, Pentids Soluble Tablets. Pentid-Sulfas.

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"PENTIDS"® IS A SQUIBB TRADEMARK



In contrast to proprietary formulas, which can only be made weaker or stronger, the evaporated milk formula is *flexible* because it can be:

– adjusted in dilution and *carbohydrate content* to meet neonatal needs without renal overload.

– gradually increased in concentration and the carbohydrate *specified by the physician* as the baby grows.

– adjusted in concentration, nutritional balance, or both, in any period of stress, such as illness.

– decreased in carbohydrate in direct ratio with the infant's increasing ability to assimilate solid foods.

– used in place of fresh milk at normal milk dilution during weaning from bottle to cup.

Carnation
"FROM CONTENTED COWS"

Optimum prescription-quality in today's trend to the individualized formula.



a natural prescription:

PROPER LIGHT FOR GOOD SIGHT



A first requisite for healthy vision is suitable lighting for the many little tasks that cause eyestrain.

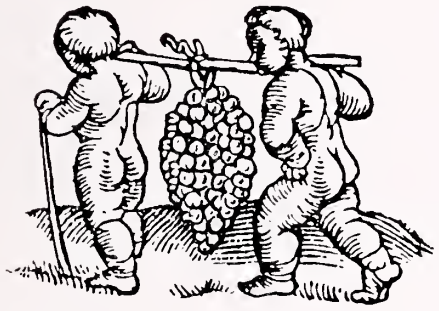
Electric illumination today combines function with beauty. Modern lamps, fixtures and lighting installations are not merely good **looking.** They are efficiently designed to promote good **seeing** as well.

Our lighting consultant will gladly advise on any home lighting question without charge. A helpful booklet may be obtained on request.

THE HAWAIIAN ELECTRIC CO., LTD.

YOUR HOME-OWNED ELECTRIC UTILITY • BRINGING YOU BETTER LIVING — ELECTRICALLY

why wine in digestive disorders?



Although the effects of wine on the digestive system have been discussed for centuries, it has been only in recent years that many of its physiological attributes have been determined.

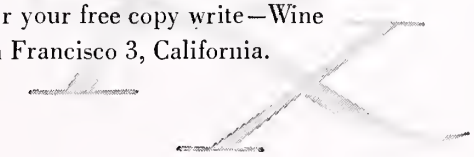
WINE AND THE SALIVARY GLANDS—The increase in salivary flow following a moderate intake of wine is apparent almost immediately,[1] such increase being attributed to direct sensitization of secretory nerve endings.[2]

WINE AND GASTRIC SECRETION—With a pH averaging 3.2, wine resembles gastric juice more closely than does any other natural beverage. Its tannins, organic acids and salts of these acids serve as buffering agents to maintain this pH. Relatively low in content of alcohol, table wine has been found to stimulate gastric secretion and induce production of gastric juice high in hydrochloric acid, sodium chloride, rennin and pepsin.[3]

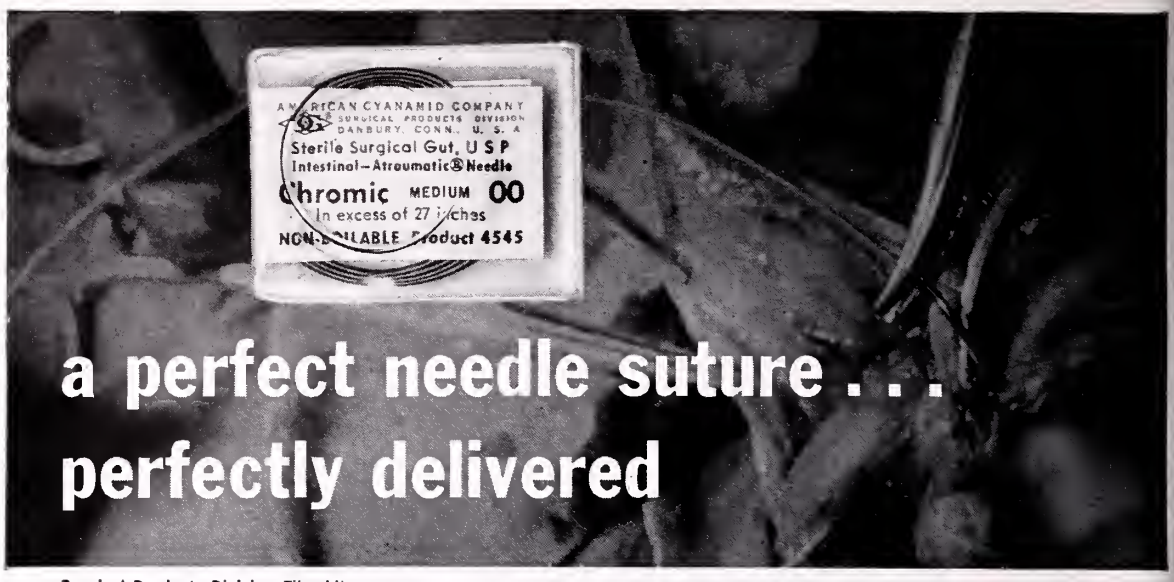
WINE AND THE DIGESTIVE TRACT—With its low concentration of alcohol, wine in moderate consumption has been found to induce a marked increase in biliary flow.[4] This, together with increased function of pancreatic enzymes, may thus encourage better digestion of fatty foods.

THEREFORE—IN THE TREATMENT OF DIGESTIVE DISORDERS—Wine is being widely recommended in the treatment of anorexia, hypochlorhydria without gastritis,mucous colitis, spastic constipation and diarrhea, and in digestive disorders stemming from emotional tension and anxiety.

These and other modern ℞ uses for wine are discussed in the brochure "Uses of Wine in Medical Practice." For your free copy write—Wine Advisory Board, 717 Market Street, San Francisco 3, California.



1. Winsor, A. L. and Strangin, E. I.: J. Exper. Psychol. 16:589 (1933).
2. Beazell, J. M., and Ivy, A. C.: Quart. J. Studies on Alc. 1:45 (1940).
3. Faray, G., and Weissenbach, R. J.: Hôpital 25:306 (1937).
4. Okada, S.: J. Physiol. 49:457 (1915).



Surgical Products Division Film Library

with D&G SURGILAR®

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Standard Lengths • ATRAUMATIC® Needles

Surgilar gives you stronger, safer sutures[1]

Get the added advantages of sterile D&G ATRAUMATIC Needle Sutures in SURGILAR envelopes—no breakage due to glass-nicks . . . no adhering glass slivers . . . no punctured gloves . . . no dulled needles . . . nonirritating jar solution for even greater safety.

Surgilar gives you more flexible sutures[1]

No reels to cause kinks . . . no weakening by excessive handling . . . quickly opened as needed so suture is always fresh, sterile, pliant.

Surgilar saves 33 1/3% nurse time[1]

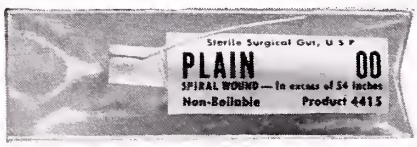
Faster handling frees her for other duties . . . new nurses learn simple SURGILAR technic in minutes.

Surgilar reduces surgical costs[1]

Less accidental breakage . . . fewer sutures opened per operation . . . takes 50% less storage space . . . now costs less than tubes.

1. Alexander, Edythe L.: Mod. Hosp., May, 1957.

Safer, easier-handling sterile SURGILAR products are already specified in over 2000 hospitals.



NEW! D & G Spiral Wound Gut now available in Surgilar pack!

Write for new catalog of hospital-tested products.

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For Accurate
VISUALIZATION
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Hypaque-M, 90%

(Concentrated solution of Hypaque sodium with Hypaque methylglucamine)

Vials of 50 cc.

for **ANGIOCARDIOGRAPHY**

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que (brand of diatrizoic acid), trademark reg. U.S. Pat. Off.



Another Baxter First...a truly modern hospital procedure, better in every way for patient and staff. Adds dignity to the nursing profession. Prepackaged—easy to administer—disposable—economical. Saves time, saves money. Nurses everywhere ask for Baxter Disposable Oil Retention Enema (125 cc. Mineral Oil).

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BAXTER

Upjohn

Delta-Cortef* for inflammation, neomycin for infection:

Neo-Delta-Cortef†

TOPICAL OINTMENT

Each gram contains:

Delta-1-hydrocortisone acetate 5 mg. (0.5%)

Neomycin sulfate 5 mg.
(equiv. to 3.5 mg. neomycin base)

Methylparaben 0.2 mg.

Butyl-p-hydroxybenzoate 1.8 mg.

Supplied: 5-gram tubes

EYE-EAR OINTMENT

Each gram contains:

Delta-1-hydrocortisone acetate 2.5 mg. (0.25%)

Neomycin sulfate 5 mg.
(equiv. to 3.5 mg. neomycin base)

Supplied: ⅛ oz. tubes with applicator tip

*TRADEMARK

†TRADEMARK FOR THE UPJOHN BRAND OF PREDNISOLONE ACETATE WITH NEOMYCIN SULFATE

The Upjohn Company, Kalamazoo, Michigan



DOCTOR: HERE IS A NEW, UNIQUE CONCEPT IN

THERAPEUTIC RELAXATION

***Plus* DEEP CIRCULAR MASSAGE**

WITH THE FAMOUS

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MOXLEY "TWO-IN-ONE" MASSAGE PILLOW

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Used by physicians and hospitals, and recommended as an adjunct in relieving Arthritis, Bursitis, Neuritis, Nervous Tension, Poor Circulation, Fatigue and Muscle Spasm.

Nos. 2,786,465 and D-178,845

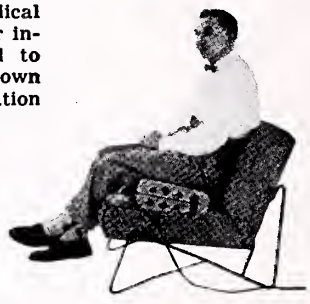
Now well known to many members of the Medical profession, the Moxley Two-In-One Massage Pillow has become a trusted adjunct in the treatment of both Chronic and Acute cases. It is NOT a vibrator, but a pulsating unit that develops deep, deep circular massage that penetrates through tissue and bone. Particularly in ailments stemming from poor blood circulation, Moxley equipment has proved valuable.



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HONOLULU HAWAII

LOOK BEYOND THE COST

Correspondence

Kaiser Hospital Plan

August 30, 1957

To the Editor:

For your information, I am sending you attached a copy of answers I gave to specific press questions asked me concerning plans for the Kaiser Foundation Hospital in Honolulu and the public announcement by Mr. Arthur A. Rutledge of plans for Unity House to establish a union medical and dental clinic.

HENRY J. KAISER

Henry J. Kaiser, who has been completing plans to build a $3,500,000 to $4,000,000 Kaiser Foundation Hospital as a full medical center on Ala Moana, August 30, 1957, replied to a series of press questions concerning Unity House's announcement of plans to establish a union medical and dental clinic on two floors of a six-story building it is constructing.

1. Press question: Were you, Mr. Kaiser, surprised by Arthur A. Rutledge's announcing plans of his A. F. of L. unions for a union medical clinic?

Mr. Kaiser replied: "No, I was not surprised.

"Representatives of the many unions and employee groups in the Islands have been going on record for several years as stating they would move to set up medical care programs themselves if they did not feel existing arrangements met the people's needs.

"In fact, after the Hawaii Medical Association wrote me that a Kaiser Foundation Hospital and Health Plan were not needed in Honolulu, I personally went before the medical society's House of Delegates early in 1955. I clearly stated the position being taken by union leaders that they would engage doctors and establish a new health insurance plan unless a medical care program more satisfactory to their members was made available here.

"So in view of the fact that union leaders, not only of the Islands, but also of the entire country have been making this plan, I wasn't taken by surprise by Mr. Rutledge's announcing a move that he has made no secret that he would try to accomplish unless a speedy solution was reached by the doctors or the Kaiser Foundation health organizations."

2. Press question: Wouldn't a union medical clinic conflict and compete with the Kaiser Foundation Hospital program?

Mr. Kaiser replied: "If the various union and employee groups of the Islands desire themselves to establish a comprehensive, service-type, prepayment program offering the services of doctors, technicians, and hospital care here, there would be no need for the non-profit Kaiser Foundation's undertaking to provide such services for the same people.

"I do not call that a conflict or matter of competition, unless you want to say that everyone concerned with the acute problem of how to provide more high quality medical care at costs everyone can afford, is striving to find ways to do the best job for the people. If you interpret that as competing, then competition's good for the people.

"The Kaiser Foundation has so many demands upon it on the mainland to establish new hospitals and health plans that we certainly would not think of duplicating any program that would be carried out by unions here.

"It has been a rather stupendous job to raise the millions to build more than 50 hospitals and medical centers on the West Coast and to expand the Health Plan to care for considerably more than one-half million people. So my position consistently has been that the Kaiser Foundation will build new non-profit hospitals only where the demand and needs seem to our trustees to be most pressing.

"I believe that Mr. Rutledge's announcement does call for a re-examination of health care programs for the future by not alone the Kaiser Foundation, but also by the trustees of employer-union welfare funds, employee organizations, and doctors."

3. Press question: What are the developments regarding doctors' practicing in the Kaiser Foundation Hospital and the question of offering a Kaiser Foundation-type Health Plan here? Is there any change in these plans?

Mr. Kaiser answered:

"Our last message to the Hawaii Medical Association on April 23, 1956, stated that 'the initiative for providing an improved and additional medical care program . . . should come from doctors of Hawaii themselves' and furthermore that I believed it would be 'feasible for a group of qualified doctors to conclude arrangements with a Kaiser organization for the establishment of a comprehensive group practice service plan and the construction of a hospital-medical center in Honolulu.'

"Since then, there have been continuing expressions of genuine interest on the part of numbers of Honolulu physicians in practicing in the projected Kaiser Foundation Hospital and outpatient department.

"The public may have noted that the attacks which accompanied the earlier requests to 'keep the Kaiser Health Plan out of Hawaii' have not been appearing in print. I conclude that more and more doctors have informed themselves as to our kind of health program, hence there have been less mis-statements and misinformation circulated.

"The fact that we have designed the Hospital on Ala Moana to accommodate 50 local doctors, practicing either on a part-time or full-time basis as they may choose, indicates that expressions from Honolulu doctors have added up to assurances that local doctors will handle all the professional medical aspects of the projected medical center.

"However, we have been intensively occupied on designing, financing, and getting ready for early construction of the hospital. My feeling has been that it was most important, first, to make absolutely sure of building the most modern possible medical center without cost to Hawaii, and then work out arrangements with interested local doctors and reach decisions as to a Health Plan.

"Representatives of thousands of employees have continuously urged us to go ahead with all possible speed on a hospital and health plan. They have minced no word that if nothing were done, the unions would feel forced to go into medical care programs.

"The Kaiser Foundation has expended many thousands of dollars conducting surveys and making plans with architects and engineers to develop a proposed nonprofit, fully integrated hospital and medical care program in Hawaii.

"The door has always been open—and is now—for full discussions."



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SALMONELLOSIS AND SHIGELLOSIS ON OAHU, 1948-1955

MAX LEVINE, Ph.D., JAMES R. ENRIGHT, M.D., AND GEORGE CHING, B.S., Honolulu

Typhoid and paratyphoid fevers are rare in Hawaii, but infants not yet vaccinated against these diseases have a high incidence of salmonellosis due chiefly to S. panama and S. typhimurium.

WHEN I (M.L.) arrived in Hawaii, I was very greatly impressed with the sense of sanitation and cleanliness which seemed to pervade the community. The absence of flies, even in outdoor eating places, and the rarity of mosquitoes and other insects, was in marked contrast to what I had expected, considering that I had arrived in a semi-tropical area, and considering further the abundance of flies and insects in such presumably sanitation-conscious communities as Ames and Des Moines, Iowa; Boston, New York, and the various army camps at which I have had occasion to reside.



DR. LEVINE

Another thing which impressed me was the abundance of cesspools—a system of waste disposal with which I was familar for use in isolated areas—farms and small summer resorts —but which I was frankly surprised to see in vogue in such a thickly populated community as Honolulu. I therefore made inquiry as to the incidence of diarrheal diseases associated with bacterial infections by dysentery and paratyphoid-like (salmonella) organisms. I was assured that these diseases were practically non-existent. Perhaps a better evaluation would have been to say that they were not recognized; for, as you will see presently, the old adage "Seek, and thou shalt find" has again been verified.

Incidence of Salmonella and Shigella Infections on Oahu

The numbers of different individuals from whom salmonella or shigella were isolated annually during the years 1948 to 1955 are shown in Table 1.

It will be noted that during this eight-year period these enteric pathogens were detected in 2,615 individuals, and that the salmonellae were about twice as prevalent as shigellae—the former being isolated from 1,746 and the latter from 869 men, women, or children. There were, of course, fluctuations from year to year in the frequency of detection of these enteric pathogens, but it is perhaps important to note that for each of the last 4 years (1952-1955) 228 to 330 different individuals have been detected to be harboring salmonella.

A question which logically may be asked is: How does this incidence compare with the frequency of salmonella and shigella infections on the mainland? The answer we have to give would be that there is no way to make adequate comparison, for two reasons:

TABLE 1.—*Incidence of Salmonella and Shigella on the Island of Oahu, Hawaii (1948-55).*

YEAR	SALMONELLA	SHIGELLA	TOTAL
1948	275	65	340
1949	93	150	243
1950	207	119	326
1951	71	88	159
1952	243	110	353
1953	330	213	544
1954	299	50	349
1955	228	74	302
Total	1,746	869	2,616

First, salmonella infections were not included among the reportable diseases in any of the states until very recently; and even today very few states require the reporting of salmonella other than typhoid and paratyphoid fevers A and B. In Hawaii, for example, all salmonella infections were made reportable in January, 1951, as a result of the early findings in our studies, but such reporting is far from complete.

The second reason why it is not possible to compare our figures with those of other communities is the fact that in 1948, as soon as we found that salmonella and shigella were much more prevalent than had been anticipated, a policy of epidemio-

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TABLE 2.—*Distribution of Individuals Harboring Salmonella Among Cases and Carriers and Source of Specimens, Island of Oahu, Hawaii (1948-55).*

YEAR	RECOGNIZED CASES		EPIDEMIOLOGICAL FOLLOW-UP		OTHERS†	TOTAL
	Hospital	*Others*	*M.C.*	*Carriers*		
1948	84	*	54	125	12	275
1949	21	*	25	35	12	93
1950	32	*	79	92	4	207
1951	23	*	18	12	18	71
1952	94	*	62	70	17	243
1953	91	40	86	77	36	330
1954	85	50	75	65	24	299
1955	83	60	36	39	10	228
Total	513	150	435	515	133	1,746
%	29.4	8.6	24.9	29.5	7.6	100.0

* Very few specimens submitted directly by physicians before 1953.
† Includes 129 carriers and 4 missed cases among individuals requesting watershed permits and dairy workers.

logical follow-up was instituted here which is very thorough and which serves effectively to detect carriers and missed cases among contacts of any reported, or otherwise detected, cases. In very few communities on the Mainland has such a thorough follow-up procedure for salmonella and shigella been put into practice—certainly not until the last two or three years.

Distribution of Salmonella and Shigella Among Cases and Carriers

The relationship between the incidence of "missed cases" and "carriers" detected by epidemiological follow-up and those reported by physicians, or about which we learn by confirming cultures submitted from hospitals, is well illustrated in Table 2 for salmonella and Table 3 for the shigella. Thus, it will be noted from Table 2 that 435 missed cases and 515 carriers (or a total of 950 individuals comprising 54.4 per cent of all positive findings of salmonella) were detected as a result of epidemiological follow-up. In this connection, it should be pointed out that the term "missed cases" was used to designate individuals (who were contacts of recognized cases) from whom salmonellae or shigellae were isolated and who gave a history of having diarrhea at that time or shortly before collection of the specimen; such contacts who disclaimed any knowledge of intestinal disturbances were put into the category of "asymptomatic carriers." It will further be noted that until 1953, shortly after the time when the importance of the salmonellosis and shigellosis problem was called to the attention of the pediatricians in the community, there were practically no stool specimens submitted directly by physicians to our laboratory for examination. Since 1953, a large proportion (37 per cent) of the recognized cases of salmonella infections were among specimens submitted by physicians from patients who were being treated at home.

In Table 3 is shown the distribution of shigella among "recognized cases" and "missed cases" or carriers detected by epidemiological follow-up. Here again it will be noted that of 804 different individuals found to be harboring shigellae, 476 (59.2 per cent)—318 missed cases, and 158 carriers—were detected in conjunction with epidemiological follow-up. The importance of follow-up for detection of "missed cases" and "asymptomatic carriers" may perhaps be more clearly seen from the data summarized in Table 4, where it will be noted that of 2,550 individuals, from whom shigella or salmonella were isolated, 753 "missed cases" and 673 "asymptomatic carriers" (comprising together 55.9 per

TABLE 3.—*Distribution of Individuals Harboring Shigella Among Cases and Carriers and Sources of Specimens (Oahu, 1948-55).*

YEAR	RECOGNIZED CASES		EPIDEMIOLOGICAL FOLLOW-UP		OTHERS†	TOTAL
	Hosp.	*Others*	*Missed Cases*	*Carriers*		
1949	39	*	52	59		150
1950	36	*	59	24		119
1951	33	*	35	17	3	88
1952	50	*	43	16	1	110
1953	83	17	87	25	1	213
1954	21	2	18	8	1	50
1955	37	4	24	9		74
Total	299	23	318	158	6	804‡
%	37.2	2.9	39.6	19.6	0.7	100.0

* Very few specimens submitted directly by physicians before 1953.
† Includes 3 missed cases and 3 carriers among individuals requesting watershed permits and dairy workers.
‡ There were also 65 individuals from whom shigellae were isolated in 1948 but records as to recognized and missed cases or carriers are not available for that year.

TABLE 4.—*Value of Epidemiological Follow-up for Detection of Salmonella and Shigella Infections.*

	SALMONELLA		SHIGELLA		TOTAL OF SAL. AND SHIG.	
	No.	*%*	*No.*	*%*	*No.*	*%*
Recognized Cases	663	38.0	322	40.1	985	38.6
Epidemiological Follow-up (M.C.	435	24.9	318	39.6	753	29.5
Epidemiological Follow-up (Carr.	515	29.5	158	19.6	673	26.4
Others	133	7.6	6	0.7	139	5.5
Total	1,746	100.0	804*	100.0	2,550	100.0

* Exclusive of 65 in 1948 for which detailed information is not available.

cent of all isolations) would not have been detected without the epidemiological sampling. It should further be pointed out that when "missed cases" or "carriers" are found, the individuals are advised to consult their physicians for treatment with a view to eradication of the carrier state which may become foci of future outbreaks. It should also be borne in mind that these carriers, particularly adults, may be a source of infections of very young children. It will be noted later that the incidence of salmonella cases among infants was found to be unexpectedly high compared to that in adults. We have frequently found that parents of infants suffering with severe salmonella infections were harboring the same type of enteric pathogen, but without any symptoms—a phenomenon possibly associated with TAB immunization.

It is also of importance to note, in this connection, that of the 1,746 individuals from whom salmonella were isolated, only one was paratyphoid A (a case); there were but five paratyphoid B isolations (two recognized and two missed cases and one carrier); and but eight individuals from whom Salmonella typhi was obtained (three cases and five carriers). Thus, if the general practice of recognizing only these three salmonella types were continued, the importance and significance of the salmonella problem would, of course, be entirely missed, as over 99 per cent of the cases and carriers were due to other than the classical typhoid, or paratyphoid A or B organisms. It might be further pointed out that it is only because the Board of Health Laboratory has been designated as a Salmonella Typing Center (which enables us to obtain the costly materials needed for this special service to the individual physicians and hospitals) that we were able to learn of the existence of salmonella and shigella cases and institute epidemiological follow-up before salmonella infections were made reportable in 1951.

It is desired to reemphasize that, on the basis of the old concept whereby only typhoid, paratyphoid A, and paratyphoid B were considered of significance, the causative organism in over 99 per cent of cases of intestinal disturbances due to salmonellae would have been missed. What is perhaps at least equally disturbing is the fact that many of these cases of diarrhea might readily have been erroneously diagnosed as typhoid or paratyphoid B on the basis of serologic titers, because of the existence of common antigens among various salmonella types as, for example, Salmonella typhi and Salmonella panama, or Salmonella para B and Salmonella typhimurium. Determination of serologic titers is an unreliable procedure for ascertaining the type of salmonella associated with disease. The suspected organisms must be isolated for proper allocation of the causes of these enteric infections.

Age Incidence of Salmonella and Shigella Cases

We generally think of salmonella infections as being associated with food-poisoning and are therefore inclined to consider them as afflictions especially concerned with adults. On the other hand, shigellosis is apt to be thought of as being particularly associated with infant diarrheas. It is, therefore, interesting to note that neither of these concepts applies to the actual experience on Oahu.

In Table 5 are shown (1) the incidence of salmonella and shigella cases (both recognized and missed) among the various age groups, (2) the estimated populations of these age groups for the mid-year period 1948-1955 under consideration (3) the per cent of the population and of salmonella or shigella cases occurring in each age group, and (4) the age specific rates per million of population for the respective age groups.

The relatively high incidence of salmonella and low incidence of shigella cases among infants is striking. Thus, whereas children under one year old constituted 3.3 per cent of the population and accounted for only 4.8 per cent of cases of shigella infections, 26 per cent of all the salmonella cases encountered were among infants. In contrast to this, in the age group 4-9, which comprises 16.7 per cent of the population, we find only 11.8 per cent of the salmonella as compared with 36.7 per cent of the shigella cases. The age distribution of these two types of enteric infection is evidently quite dissimilar.

A comparison of the age-specific case rates might

TABLE 5.—*Incidence of Salmonella and Shigella Cases and Average Annual Case Rates for Various Age Groups (Oahu, 1948-55).*

Age (Yrs.)	POPULATION* No.	%	SALMONELLA CASES No.	%	Rate†	SHIGELLA CASES No.	%	Rate†
<1	11,400	3.3	287	26.0	3,168	31	4.8	339
1-3	31,900	9.4	153	13.9	599	158	24.6	617
4-9	57,100	16.7	131	11.8	286	235	36.7	514
10-19	54,700	16.0	44	4.0	100	48	7.5	109
20+	186,600	54.6	489	44.3	327	169	26.4	113
All Ages	341,700	100.0	1,104	100.0	403	641	100.0	234

* Estimated (to nearest hundred) for mid-period, 1948-55, on assumption that per cent of various age groups was that of 1950 census.
† Average annual age specific case rates per million.

be particularly illuminating. Thus, considering the shigella, it will be noted from Table 5 that the average rate for the entire population was 234 per million with minima of 109 and 113 for the age groups 10-19 and over 20 years, respectively, and maxima of 617 and 514 per million for the 1-3 and 4-9 age groups. The shigella case rate for infants was 339, or only half again as high as that of the population as a whole; it was actually 45 per cent less than the rate (617) for the age group 1-3, and it was but 3 times as high as that of the population between ages 10 and 19 (among which the shigellosis rate was at a minimum of 109).

Considering the salmonella, however, it will be noted that the average rate for all ages was 403 per million; there was a distinct minimum of 100 per million for the age group 10-19 years and a high maximum of 3,168 per million for infants. Thus, the salmonella case rate for infants (3,168 per million) was approximately 8 times that of the population as a whole (which was 403); 16 times that of the population 1-3 years old (which was 599) and 32 times the case rate observed for the 10-19 age group.

The age distribution of shigella and salmonella cases is strikingly different and salmonellosis appears to be especially significant as a disease of infants.

Possible Influence of TAB Vaccination on the Incidence of Some Salmonella Types at Various Ages

In 1942 the entire population over three years of age, in Hawaii, was immunized with TAB vaccine by Army orders, and thereafter such vaccination was required for all children over three years. In 1952 it was recommended that the age for TAB vaccination be lowered to six months to a year. For the period under consideration (1948-55), therefore, the population of Oahu might be considered as falling into three categories as respects TAB vaccinations, namely:

(1) Infants under one year of age, very few of whom are vaccinated.
(2) Children between one and about four years of age, among whom possibly 50 per cent have been vaccinated.
(3) The population four years of age or older, all of whom have presumably been vaccinated against typhoid and paratyphoid.

During the eight-year period 1948-1955, about 35 distinct salmonella types have been detected among the 1,104 cases (recognized and missed) on Oahu, but six salmonella types accounted for about 80 per cent of these cases. As three of these types—Salmonella typhimurium, Salmonella derby and Salmonella panama—are in salmonella groups B and D (which include paratyphoid B and the typhoid organisms against which the population over four years of age and part of the population between the ages of one to about four years have been vaccinated) and the other three salmonella types—Salmonella montevideo, Salmonella oranienburg, and Salmonella anatum—are in groups C and E (which are devoid of any representative in the TAB vaccine), it was thought that a comparison of the case rates for these six salmonella types among the three population groups (under one, one to three and four years and over) might be of interest and possibly of significance.

In this connection a perusal of the antigenic structures of the salmonella types under consideration (see Table 6) and comparison with the antigenic components of the organisms constituting the TAB vaccine might be especially significant, for it appears that—

1. Some protection against Salmonella panama might be anticipated because of its somatic "O" antigens (IX, XII) which are present in Salmonella typhi and flagellar "H" antigen (1) present in paratyphoid B—organisms present in the TAB vaccine;
2. Considerable protection might be anticipated against Salmonella typhimurium which has all of the somatic "O" antigens (I, IV, V, and XII) and two of the flagellar "H" antigens (1 and 2) of para B in the vaccine and
3. That no protection would be expected against Salmonella montevideo, Salmonella oranienburg or Salmonella anatum considering that, except for "H" antigen "1" shared by Salmonella anatum and para B, none of the many antigenic components of these salmonella types are represented in the TAB vaccine.

TABLE 6.—*Antigenic Components of Organisms Constituting TAB Vaccine and the Predominating Types Encountered on Oahu, Hawaii.*

SALMONELLA		SOMATIC "O" ANTIGENS	FLAGELLAR "H" ANTIGENS		ANTIGENS IN TAB VACCINE
Group	*Type*		*(1)*	*(2)*	
A	para A	(I), II, XII	a		X
B	para B	(I), IV, V, XII	b	1, 2	X
	derby	(I), IV, XII	f, g		
	typhimurium	(I), IV, V, XII	i	1, 2	
C	montevideo	VI, VII	g, m, s		
	oranienburg	VI, VII	m, t		
D	typhi	IX, XII, VI	d		X
	panama	(I), IX, XII	l, v	1, 5	
E	anatum	III, X	e, h	1, 6	

In Table 7 are shown (1) the number of cases (2) the average annual case rates per million for the three population groups—under one year, one to three years, and four years or older—with different TAB vaccination histories, and (3) the ratios of the case rate for children under one year, and one to three years, to those of the population four years and over.

For Salmonella typhimurium, which is in salmonella group B (the same group as paratyphoid B) the case rate for infants under one year of age was 1,218 per million, which is 19.4 times as high as the rate of 63 per million for the vaccinated population over four years of age. The case rate for the one to three year age group, part of whom have been vaccinated, was 262 or 4.2 times that of the older vaccinated age group.

Similarly, for Salmonella derby, which is also in salmonella group B, the case rate for infants was 14.8 times, and that for the one to three age group three times, as high as the rate for the older vaccinated population of four years and over.

For Salmonella panama, which is in salmonella group D (the group containing Salmonella typhi of the TAB vaccine) the case rate for the partially vaccinated population one to three years old was 3½ times as high as that of the vaccinated population of four years and over and the case rate for infants, under one year of age, was 21 times that of the presumably completely vaccinated population in the older age group (four years and over).

In contrast to this, it will be noted that Salmonella montevideo (group C) and Salmonella oranienburg (group C) and Salmonella anatum (group E_1)—which are in salmonella groups for which there is no representative in the TAB vaccine—the case rates for the partially vaccinated population in the one to three year group was generally lower than that of the older population group and the case rates for the unvaccinated infant population (under one year) was only 2.7 to 5.6 that of the vaccinated population (four years or older).

The fact that among infants (who would, of course, be expected to be more susceptible to all types of enteric infections) the case rates for salmonella of groups C and E, against which vaccination is not attempted, are only approximately 3 to 5 times as high as in the population over four years of age, whereas for salmonella types in groups B and D, which contain the para B and typhoid of the TAB vaccine, the case rates for infants are 15 to 21 times as high as that of the population over four years, is very striking and may be significant.

The much higher relative incidence of salmonella of groups B and D in the unvaccinated

TABLE 7.—*Number of Cases and Average Annual Age Specific Case Rates for Predominant Salmonella Types.*

SALMONELLA		AGE GROUP (YRS.)						RATIOS OF RATES	
		<1*	1-3†	4+‡	<1*	1-3†	4+‡		
		Number of Cases			*Average Annual Case Rates Per Million*			*<1 / 4+ Yr.*	*1-3 / 4+ Yr.*
Group	*Type*								
B	typhimurium	111	67	151	1,218	262	63	19.4	4.2
B	derby	23	13	41	252	51	17	14.8	3.0
D	panama	56	26	70	610	102	29	21.0	3.5
C	montevideo	10	5	95	109	20	40	2.7	0.5
C	oranienburg	7	2	69	77	8	29	2.7	0.3
E	anatum	17	9	79	186	35	33	5.6	1.1

* Very few vaccinated.
† Partially (possibly 50%) vaccinated.
‡ All presumably TAB vaccinated.

infants, as compared with the TAB vaccinated population is, we feel, due to partial heterologous immunity conferred on the older population group by TAB vaccination. This possibility is supported by (1) reports of Longfellow and Luippold (1941) who demonstrated that blood of recruits immunized with TAB vaccine protected mice against many lethal doses of Salmonella typhimurium (which is in salmonella group B) and Salmonella enteritidis (which is in salmonella group D) but not against Salmonella cholerae-suis (group C) nor Salmonella oranienburg (group C), and (2) by our own repeated observations that when infants are found to be ill with Salmonella typhimurium (group B) or Salmonella panama (group D) one of the parents, or an immunized sibling has, in a very large proportion of cases, been found to be harboring the same organism but remains entirely asymptomatic.

It is desired to call attention particularly to the fact that Salmonella panama and Salmonella typhimurium seem to have very high invasive powers and are not infrequently encountered in blood stream infections. Three or four cases of septicemia and several of meningitis, associated with Salmonella panama in children under two years of age, have come to our attention in the last few years. Recently, the death of a 9½-month-old child, a day after it had entered the hospital with what was thought to be bronchial pneumonia, was attributed, on post mortem examination, to Salmonella panama.

In brief, experience with salmonella infections in Hawaii indicates that these organisms are far from being merely mild food-poisoning agents of significance only to adults. They seem to constitute an important, and all too frequent, cause of severe enteric and systemic infections among young children. The possibility of protecting these young children against such organisms as Salmonella panama and Salmonella typhimurium by TAB vaccination is worthy of the most careful consideration.

Miscellaneous Observations

We have indicated briefly the importance of shigella and particularly, in some detail, of salmonella infections. It is desired at this point to emphasize the importance of isolating the causative organisms in these enteric infections and the necessity, therefore, to submit stool specimens before the patient is subjected to antibiotic treatment, especially with orally administered antibiotics.

Another reason why the isolation of the causative organism should be stressed is the hazard of making erroneous diagnoses of paratyphoid B and typhoid on the basis of serological examinations. The commonly employed so-called "febrile agglutination titers" cannot be depended upon, with any degree of reliability, for actual diagnosis as to the specific causative agents when dealing with the enteric infections. Considering that the Salmonella typhimurium has many of the antigenic components of para B, a patient infected with the former would, naturally, show a high agglutination titer against para B.

Similarly, patients suffering with Salmonella panama infection would be very likely to be diagnosed as typhoid fever if complete reliance were placed on the serologic titer. We had a striking example of this a few months ago on the island of Maui. Serologic examinations showed a titer of 1:640 against the Typhoid "O" antigens and 1:320 against the typhoid "H" antigen. Against Salmonella panama the "O" antigen titer was low (only 1:160) but the flagellar titers were up to 1:5120. On the basis of the typhoid agglutination titer, however, the case was suspected as typhoid until the causative organism, Salmonella panama, was actually isolated.

Another confusing fact that we have run into recently, with respect to the unreliability of the so-called "febrile agglutination titers" against typhoid organisms, is concerned with the examination of sera from patients suffering with trichinosis. Titers of 640 to over 5,120 were obtained against the typhoid organism among patients who were suffering with trichinosis proved by biopsy. We have run into several such cases on the island of Hawaii and recently one such case here at The Queen's Hospital. The importance of searching for the causative organisms, and not depending on serologic reactions as the primary criteria for diagnosis of enteric infections, cannot be overemphasized.

A question which naturally arises is: What are the sources of these salmonella infections? For the present I can merely say that we have isolated salmonellae from about 14 per cent of dogs coming into the Territory, and we have found them in rats and mice and specimens of dried and frozen eggs. Recently we have been examining specimens of uncooked pork sausages obtained on the open market, and we have found salmonellae present in an unexpectedly large proportion of the samples (about 60 per cent). In some instances two, and even four, different salmonella types were isolated from a single sample of pork sausage. Salmonellae are also quite common among turkeys, chickens, and other fowl. The importance, therefore, of properly cooking such foods needs, perhaps, to be repeatedly emphasized.

Summary

During the eight year period 1948-1955, salmonellae were isolated from 1,746 and shigellae from 869 different individuals on the Island of Oahu, Hawaii.

Among those found to be harboring salmonellae, 513 (29.4 per cent) were hospitalized cases and 150 (8.6 per cent) were cases treated at home. Epidemiological follow-up of contacts disclosed 435 (24.9 per cent) missed cases and 515 (29.5 per cent) carriers. Salmonellae were also isolated from stools of 133 (7.6 per cent of all isolations) individuals who applied for permits to enter watersheds or were employed in the dairy or other food industries.

Detailed information was available for 804 of 869 individuals from whom shigellae were isolated. Of these, 299 (37.2 per cent) were hospitalized cases and only 23 (2.9 per cent) were cases treated at home. Epidemiological follow-up disclosed 318 (39.6 per cent) missed cases and 158 (19.6 per cent) carriers. Individuals requesting watershed permits, or engaged in the food industry, accounted for only six (0.7 per cent) of those found to be harboring shigellae.

Considering that 54.4 per cent of the individuals harboring salmonellae and 59.2 per cent of those with shigellae were detected by epidemiological follow-up, the importance of this service for detection of missed cases and carriers, which may serve as foci for food poisoning outbreaks, is evident and especially worthy of note.

The classically recognized organisms responsible for typhoid, paratyphoid A and paratyphoid B fevers accounted for only 14 (0.8 per cent) of the 1,746 individuals from whom salmonellae were isolated. If, therefore, the practice of recognizing only these three salmonella types were to be retained, the importance of the salmonellosis problem would be entirely missed, as over 99 per cent of cases and carriers were harboring other salmonella types.

The age distributions of salmonellosis and shigellosis are strikingly different; the former appears to be especially associated with infants under one year and the latter with older children. Thus, infants under one year old, who constituted 3.3 per cent of the population, accounted for only 4.8 per cent of the cases of shigella but 26 per cent of salmonella infections. In contrast to this, the four to nine year age group, which comprised 16.7 per cent of the population, accounted for 36 per cent of the shigella and only 11.8 per cent of the salmonella cases.

The age specific case rates for unvaccinated infants (under one year), due to salmonellae of salmonella groups C and E (which are not represented in the TAB vaccine) were 3 to 5 times as high, while those due to organisms in salmonella groups B and D (represented in the TAB vaccine by paratyphoid B and the typhoid organisms) were 15 to 21 times as high as the case rates for the vaccinated population (four years and over). This phenomenon could, conceivably, be due to the heterologous immunity against various salmonella types of groups B and D conferred by TAB vaccination.

Experience with salmonella infections on Oahu, Hawaii, indicates that these organisms are far from being merely mild food-poisoning agents of significance primarily to adults. They seem to constitute an important, and all too frequent, cause of severe enteric and systemic infections among young children. The possibility of protecting these young children by TAB vaccination against the ravages of Salmonella panama (group D) and Salmonella typhimurium (group B) (which are by far the most frequent types encountered among infants) is worthy of most careful and sympathetic consideration.

Summario in Interlingua

Le incidentia de salmonellosis es surprendentemente alte in Hawai, sed febres typhoide e paratyphoide representa minus que 1% del casos total. Isto resulta in parte de bon practicas hygienic e in parte del quasi universal vaccination a T.A.B. del population supra le etate de un anno.

Salmonelloses causate per organismos del gruppos C e E (que non es representate in le vaccino a T.A.B.) es tres a cinque vices plus commun in non-vaccinate infantes que in adultos, e infectiones causate per salmonellas del gruppos B e D es 15 a 21 vices plus commun in infantes. Salmonella panama e Sal. typhimurium es le plus commun offensores.

Shigellosis es multo minus prevalente in infantes que in juveniles plus avantiate.

REFERENCES

1. Edwards, P. R., and Ewing, W. H.: A Manual for Enteric Bacteriology. Federal Security Agency, Public Health Service, Communicable Disease Center, Atlanta, Georgia, 1951.
2. Levine, M.: Salmonella and Salmonella Infections. I. Identification of Salmonella Types and Significance of Salmonella Typing, Hawaii Med. J. 14:113 (Nov.-Dec.) 1954.
3. Levine, M., Enright, J. R., Edgar, K. J., Ching, G. L., and Tanimoto, R. H.: Salmonella and Salmonella Infections. II. Food Poisoning: Incidence of Salmonella and Antibiotic Coliform Bacteria, Hawaii Med. J. 14:205 (Jan.-Feb.) 1955.
4. Longfellow, D., and Luippold, G. F.: Immunization to Typhoid and Paratyphoid Fevers. Supplement to Immunization to Typhoid Fever, No. 17 of the Monographic Series, American Journal of Hygiene, J. F. Siler, et al., Johns Hopkins Press, Baltimore, Maryland, 1941.
5. Seligman, M.: Salmonella Infections in Man: Am. J. Hygiene, 38:226 (Nov.) 1943.

DERMABRASION FOR ACNE SCARS AND OTHER SKIN DEFECTS

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Surgical planing of the skin is a practical and accepted method of removing shallow scars, flattening raised ones, or replacing damaged epidermis with new epidermis.

SURGICAL PLANING (dermabrasion) is a procedure used in the treatment of such cutaneous defects as acne and chicken pox scars, scars of facial injuries, senile and seborrhoeic keratosis, rhinophyma, fine senile wrinkling of the face, and certain types of birthmarks.



DR. JOHNSON

In 1953, Kurtin[1] first reported a treatment which he termed surgical planing of the skin. He had used it on 273 patients with traumatic scars, wrinkles, keloids, sebaceous adenomas, as well as acne pits. He reported 60 to 80 per cent improvement in all cases. Since then, numerous articles on the advantages of this procedure have been published, and modifications in the apparatus and technique have been recorded.

In 1954, I selected a group of prisoners from the Oahu Prison for skin planing chicken pox and acne scars. These men were volunteers and were carefully screened for systemic disease, infections, and keloid diathesis. All races were included; deeply pigmented or swarthy patients, as well as Caucasians, were selected. The satisfactory results achieved on most of these patients has stimulated interest to continue this work.

A series of 250 cases have been treated by dermabrasion, and enough cases have been observed for a sufficient time to make possible an honest evaluation of the method and results obtained.

Apparatus and Technique

The basic equipment for dermabrasion consists of (1) steel wire brushes of various widths and gauges; (2) high-speed electric motor, capable of 12,000 revolutions per minute (Fig. 1); (3) freezable plastic facial packs containing propylene glycol (5 per cent) in water; (4) ethyl chloride (coarse spray bottles) or Freon 114 (Frigiderm), (dichlorotetrafluoroethane); and an (5) air blower.

Before the operation, each patient is photographed in color. I have not used black and white photographs, as the before-and-after treatment comparisons of scarring or other defects are more clearly illustrated in natural color.

Planing is an office procedure. The operation is usually performed during the morning; special days are set for this purpose. Fifteen minutes before the operation, Nisentil hydrochloride, an analgesic, is given hypodermically; 40 to 50 milligrams of the drug produce satisfactory relaxation and release from anxiety. The refrigerated prechilled packs are applied to the area and left on the skin for 15 to 20 minutes to reduce the initial stinging sensation caused by the application of the refrigerant. To avoid irritation from ethyl chloride or Freon 114 spray, the ear canals, as well as the nostril on the side to be planed are stopped with cotton. The areas to be treated are sponged with 70 per cent alcohol.

The parts to be treated are exposed through a surgical drape with a window three to four square inches in area (Fig. 1). First a segment is sprayed



FIG. 1.—Ethyl chloride or Freon 114 is sprayed from a container in a coarse stream. Freezing occurs in 25 to 40 seconds.

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[1] Kurtin A.: Corrective Surgical Planing of Skin: New Technique for Treatment of Acne Scars and Other Defects, A.M.A. Arch. Derm. 68:389-397 (Oct.) 1953.



FIG. 2.—The rotating brush is moved in short "shaving strokes" across the skin in a direction at right angles to the plane of the brush.

with a liquid freezing agent, either Freon 114 or ethyl chloride, which renders the skin temporarily rigid and locally anesthetized, and provides a bloodless field during the planing. At the same time, a current of air from a blower, or hand hair-dryer, is directed to the area to hasten evaporation of the ethyl chloride and the freezing of the skin. If dichlorotetrafluoroethane[2] or Frigiderm (Freon 114) is used, a blower is not necessary. The area freezes to a white frost almost immediately. Strauss and Kligman[3] recently reported freezing the skin for eight minutes without any sequelae.

To keep the skin surface flat, the operator applies tension. By wearing a thin, sterile cotton glove, he keeps his hand from slipping in the blood and serum oozing from previously-planed areas. Originally, I used gauze squares to apply tension, but they frequently become entangled in the revolving brush, causing a break in the flexible shaft. The confusion occasioned by installing a new handle piece, the wear and tear on the operator's nerves, plus the patient's concern, render this procedure unsatisfactory.

The areas are planed by a revolving stainless steel, electrically-driven brush, the speed of which is controlled by a foot pedal. Full speed is about 12,000 r.p.m. The rotating brush is placed against the surface of the skin and is then moved slowly at right angles to the plane of rotation in a shaving stroke as in Fig. 2. The entire face can be done at one half-hour sitting, and to avoid sharp outlines of the abrasion area, the strokes can be blended into the temple and along the angles of the jaw and chin. The nose and upper lip are difficult areas, but can be planed if necessary. The process is moderately uncomfortable to the patient, but not painful. Replaning, one to three months later, appears to be more uncomfortable than the first treatment. This is to be expected, as the regenerated epiderm or pilosebaceous units are newly developed.

Telfa bandages are applied to the abraded surface, left in place for at least 24 hours, and then removed. The area is covered with blood and serum which dries into a varnish-like crust. This crust begins to loosen in about seven to eight days and can be removed by soaking the face in warm soapsuds. After the second week, the treated area resembles a second-degree sunburn, and the patient may resume his normal activities. The edges of the scars begin to recede by the fourth week, and the improvement continues steadily for several months.

Results

In my series of more than 250 planings, 95 per cent of the cases improved by at least 40 to 50 per cent. Many cases were benefited to such a degree that further planing was unnecessary. Flat superficial scars respond better than the deep-pitted, ice-pick type of scar or the undulating scar. No hypertrophic scars or keloids appeared following dermabrasion, which is unusual considering the Oriental tendency to keloid changes.

All cases healed within ten days. No case needed antibiotics, orally or topically, for infection. Several patients with *acne excoriée des jeunes filles* could not refrain from picking the crust; consequently, faint fissure lines were left. These disappeared within several weeks.

Several tattoos were planed on an experimental basis. The Mark of Pachuco, the tattoo of the incorrigible, located on the anatomical snuff box of the hand, was removed from several Oahu prisoners with excellent results. The results with other tattoos were not satisfactory: they were merely changed to hypertrophic scars. This is the surgeon's domain. Adult pigmented birthmarks were treated satisfactorily although several cases needed two to three planings.

Senile, wrinkled skin, appearing on people "more than 39" years old, improved greatly. The dull grayish-brown skin is replaced with a healthy pink epiderm which is somewhat edematous and firm. One patient was a woman, 74 years old, whose face was wrinkled and covered with senile keratoses. The newly-formed epiderm has remained firm, non-wrinkled, and more youthful in appearance. Dermabrasion, however, will not help "bagging," or "morning after" eyes, or the sagging muscles of the face.

[2] Wilson, J. W., Luikart, R., II, and Ayres, S., III: Dichlorotetrafluoroethane for Surgical Skin Planing—An Anaesthetic Refrigerant, A.M.A. Arch. Derm. 71:523 (Apr.) 1955.

[3] Strauss, J. S., and Kligman, A. M.: Acne. Observations on Dermabrasion and the Anatomy of the Acne Pit, A.M.A. Arch. Derm. 74:397-403 (Oct.) 1956.

Complications and Contraindications

Ninety per cent of the cases treated were Orientals, part-Hawaiians, or dark brunettes. Almost all developed minimal to moderate hyperpigmentation at the site of dermabrasion. The pigmentation was intensified at the lower infra-orbital and temple areas and along the angles of the jaw, and, in some cases, was visible for three to eighteen months after planing. The new melanin pigment was produced by the melanocytes from the basal cell layer of the epiderm and from the hair matrix. The sunlight and the racial extraction of these patients were possible stimulating factors.

The pigment returned unevenly and intensified in some areas. Fitzpatrick[4] suggested the use of a broad spectrum sun-protective ointment (beta carotene, 50,000 units per gram of washable base), and two grams of ascorbic acid daily by mouth to inhibit the melanocyte-stimulating hormone, which is a pigmentogenic factor from the pituitary. The only suggestion which has successfully inhibited pigmentation in my experience is strict avoidance of sunlight. Sometimes this is almost impossible in Hawaii.

Milia (small epithelial cysts or whiteheads) may appear four to six weeks after dermabrasion. These disappear in time, or can be easily evacuated by a small needle.

Several of the patients had keloidal acne scars of the chest and back. This was not a contraindication, as not one of our cases developed a keloid of the face following dermabrasion. No hypertrophic scars were seen in this series, though they may develop if the planing procedure penetrates too deeply into the subcutis.

It is not wise to treat emotionally unstable patients who, according to Rattner and Rein,[5] "attribute all their inadequacies to the scars." These patients are difficult to handle during an operation, and are a problem after the healing phase. They cannot keep their hands away from the crusts to allow healing, but begin picking their skin within a month following dermabrasion.

It has been reported that dermabrasion clears the area of acne. This has not been my experience, except in a small group of patients. The humidity and environment of the subtropics appear to add stimulus to sebaceous activity. This is clearly evident after dermabrasion. The newly-healed sebaceous units discharge sebum to the skin surface. The sebum supports bacterial growth which leads to pustules and acne cyst formation. Most cases develop an occasional pustule, which is easily evacuated.

Summary and Conclusion

Surgical planing is a safe, effective office procedure for the treatment of various cutaneous defects and acne scars.

A series of 250 cases have been carefully evaluated and followed for two and a half years. During this time, there have been no unfavorable sequelae resulting from either the refrigeration or the actual surgical dermabrasion.

All patients were improved, some more than others. In cases where scars were deep and pitted, further planing was necessary.

The complications and contraindications are few. Pigmentation following dermabrasion is inevitable among the pigmented races, but it invariably disappears within a period of three to eighteen months.

Emotionally disturbed patients are difficult to treat. They are unpredictable during the operation and, in my experience, have continued to pick the defects.

While the treatment does not produce "the skin you love to touch," the results, in general, are pleasing to the patient. If each case is carefully evaluated and selected, many patients who may have been emotionally disturbed or introspective because of disfiguring scars and blemishes can be considerably benefited.

Summario in Interlingua

Planage chirurgic es un efficace e non-riscose methodo pro tractar, al sala de consulta, varie defectos cutanee e cicatrices de acne.

Un serie de 250 casos esseva evalutate meticulosemente e tenite sub observation durante duo annos e medie. In le curso de iste tempore, nulle disfavorabile sequellas esseva notate como resultato del refrigeration o del dermabrasion chirurgic per se.

Patientes qui es emotionalmente disturbate es difficile a tractar. Illes es inpredicibile durante le operation. Secundo mi experientia, illes persiste in grattar le defectos.

Ben que le tractamento non produce un pelle "de regina del concurso de beltate," le resultatos es generalmente delectabile pro le patiente. Si omne caso individual es evalutate e selectionate meticulosemente, multe patientes, in qui cicatrices e altere defectos disfigurante ha resultate in un stato de introspectivitate o de disturbation emotional, va beneficiar considerabilemente.

Alexander Young Bldg.

[4] Fitzpatrick, T. B.: Personal communication.

[5] Rattner, H., and Rein, C. R.: Treatment of Acne Scars by Dermabrasion, J.A.M.A. 159:1299-1301 (Nov. 26) 1955.

ERYTHROBLASTIC HYPOPLASIA ASSOCIATED WITH A THYMOMA

Review, and Report of a Case

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WE HAVE recently observed a patient in whom an unexplained anemia developed which was confined to the diminished production of normal red cells. All other elements of bone marrow production appeared normal. Prior to the development of this anemia, the patient had radiologic evidence of a mass in the lower mediastinum which was thought to be a benign tumor. At autopsy a benign thymoma of the mediastinum was found.



DR. HARTWELL

Ross *et al*,[1] in 1954 thoroughly studied the literature on this subject and reported two cases. As they point out, in the past forty years, there have been over 2,000 publications on the thymus gland and yet its exact functions remain unknown. This appears to be the fourteenth reported case of pure red cell anemia associated with a thymoma.

An endocrine fault may explain the simultaneous occurrence of thymoma and pure red cell anemia, of which this is the fourteenth reported case.

Case Report

Miss M. K. Q. Y., a 50-year-old Chinese-Hawaiian school teacher, was first observed on September 5, 1949. She was known to have had hypertension since 1942. From time to time during the year before admission, she had noted some epigastric distress associated with exertion. On the evening of admission to the hospital, while feeding her pets, she had an attack of severe substernal pain and shortness of breath. A physician was called, and sent her immediately to the hospital. She rapidly developed left ventricular failure with pulmonary edema. On admission her blood pressure was 220/126. In addition, the urine sugar was 4 plus but the acetone was negative. An electrocardiogram revealed an acute posterior myocardial infarction; a fasting blood sugar was 230 mg per cent; a chest x-ray revealed enlargement of the left ventricle and pulmonary edema.

About four weeks later, on discharge from the hospital on October 13, a repeat chest x-ray still showed left ventricular enlargement but the pulmonary edema had cleared. She was discharged on a diabetic low salt diet and digitalis.

She was seen as an outpatient from time to time during the succeeding months. In December, 1949, an acute left subdeltoid bursitis responded well to x-ray therapy. Her fasting blood sugar remained between 108 and 168 mg per cent and her blood pressure at 160/100. Congestive failure did not recur.

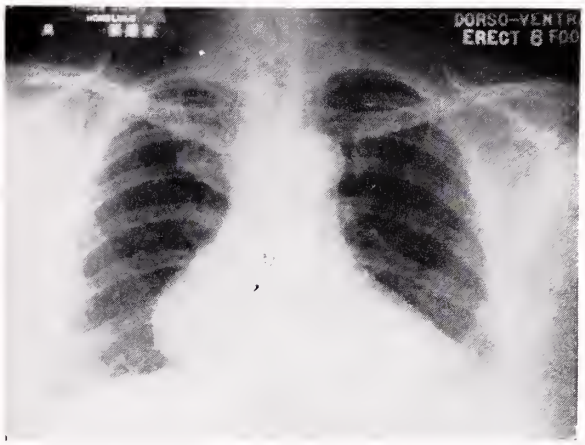


FIG. 1.—Chest x-ray, July 22, 1953, showing rounded mass at base of right cardiac border.

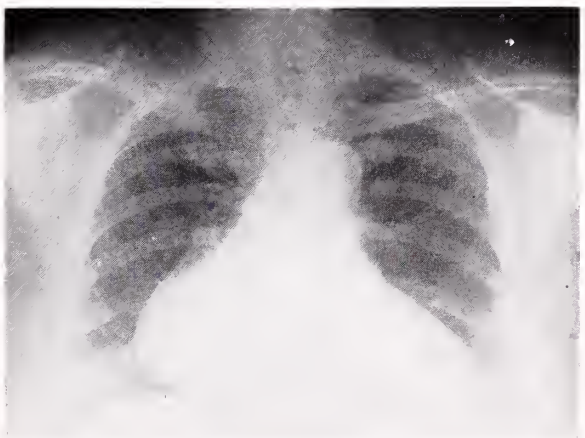


FIG. 2.—Chest x-ray, June 25, 1954, showing increase in size of mediastinal tumor.

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[1] Ross, J. F., Finch, S. C., Street, R. B., Jr., and Strieder, J. W.: The Simultaneous Occurrence of Benign Thymoma and Refractory Anemia, Blood 9:935 (Oct.) 1954.

In routine examination on January 24, 1951, fluoroscopic examination disclosed a prominence along the right cardiac border at its base, suggesting an aneurysm of the right ventricle. Laminagrams showed a smooth tumor of the anterior lower right mediastinum. Surgical exploration was suggested, but this she steadfastly refused.

In October, 1951, the mass was thought to be larger, and it had increased again by July, 1952 and 1953 (Fig. 1). On June 25, 1954, the mass was obviously larger (Fig. 2).

In February, 1955, at a routine office visit, she seemed quite pale and complained of marked fatigue. Her red blood count was 1,580,000; hemoglobin 5.3 grams; white blood count 8,100 with 66 per cent polys, 24 per cent small lymphocytes, 9 per cent monocytes and 1 per cent eosinophiles. She was admitted to the hospital, and shortly thereafter became mentally confused. A gastric analysis showed free hydrochloric acid. A marrow study showed normal cellularity with the following differential count: 43 per cent polys, 21 per cent stabs, 12 per cent lymphocytes, 3 per cent eosinophiles, 8 per cent juveniles, 9 per cent myelocytes, 1 per cent promyelocytes, and 3 per cent nucleated reds. The platelets were 379,000 per cu. mm; the reticulocytes were 0.1 per cent.

A week later the packed corpuscular volume (PCV) was 23 per cent (normal 42 per cent); mean corpuscular volume (MCV) was 103 cu.μ (normal 82-92); mean corpuscular hemoglobin (MCH) was 36 mμgm (normal 27-31); mean corpuscular hemoglobin concentration (MCHC) was 35.5 per cent (normal 32-36); and there were no reticulocytes. She was seen in consultation by Dr. F. I. Gilbert, Jr., who diagnosed "anemia, secondary to marrow hypoplasia with malignancy." An upper gastrointestinal x-ray series was negative, as was a barium enema. Two stools were negative for occult blood and parasites. She was discharged from the hospital, having received four transfusions, on May 6, 1955.

She required re-admission to the hospital about once a month thereafter. On March 30, 1955, the white count was 16,250 with 89 per cent segmented neutrophiles and 11 per cent lymphocytes; the red count was 2,224,000 and there were no reticulocytes. She was admitted with an upper respiratory infection, in addition to the anemia.

A white count on April 20, 1955, was 8,400 with 48 per cent polys, 50 per cent small lymphocytes, 2 per cent monocytes, no reticulocytes and a platelet count of 241,000 per cu. mm. A urinary urobilinogen for twenty-four hours in May, 1955, showed 0.9 mg (normal being 0-4). There were no reticulocytes in a blood smear on May 9, 1955, or June 6, 1955. A fecal urobilinogen for forty-eight hours was 119 (normal 40-280 mg). The Coombs test was negative on several occasions.

Following this she visited the Blood Bank of Hawaii about once a month for transfusion of packed red cells. On October 2, 1955, she suffered a cerebrovascular accident. She was seen in consultation by Dr. J. J. Lowrey, who diagnosed "a large lesion of the right parietal and temporal lobes, most likely a thrombosis; there is no evidence of hemorrhage." She was finally placed in the Maunalani Convalescent Hospital where she remained until her death on April 1, 1956. Repeated packed cell transfusions maintained her red blood count at a satisfactory level. Her death was sudden and thought most likely to be due to ventricular fibrillation.

An autopsy was done at the Nuuanu Mortuary by Dr. I. L. Tilden. His report follows: "Anatomic diagnoses: (1) Healed myocardial infarct, interventricular septum and apex of left ventricle, due to occlusion of the descending branch of the left coronary; (2) Grade IV atherosclerosis of coronaries and aorta with marked narrowing of the circumflex branch of the left and the right coronary; (3) Thymoma made up chiefly of lymphocytes with very few epithelial cells; (4) Pulmonary edema and hypostatic congestion of both lower lobes; (5) Slight nephrosclerosis." Paraffin sections showed "a thymoma made up almost entirely of lymphoid tissue with dense connective tissue trabeculae between the lobules."

Discussion

Our studies elicited these facts: (1) the bone marrow was deficient in erythrogenesis; (2) the peripheral blood smears showed a macrocytic normochromic anemia without reticulocytosis, and a normal total of leucocytes and of thrombocytes; (3) urinary and fecal urobilinogen excretions were normal; and (4) Coombs test was consistently negative. These findings confirm our impression that the anemia was due purely to the lack of red cell production, and not to a hemolytic process.

We have studied the reports[2] of most of the cases previously discussed in the literature and wish to add one not previously mentioned. Polayes and Lederer[12] report a 67-year-old man who had received multiple transfusions over a period of three years because of a pure red cell anemia, with normal totals of granulocytes and thrombocytes. Although the anemia was ascribed to irradiation of a "mediastinal tumor posterior to the aorta," eventuating in an aplastic anemia, it is our opinion that their case should be included in this study.

The patient described by Davidsohn[3] also had diabetes and hemochromatosis. Although our patient had diabetes, there was no evidence of hemochromatosis at autopsy. Our patient exhibited none of the characteristics of myasthenia gravis. The patient reported by Ramos[4] showed an agammaglobulinemia. We have no electrophoretic patterns on the subject of this report, but there was no clinical evidence of an agammaglobulinemia.

Astaldi and co-workers,[13] after intensive study

[2] References 1 and 3-11.

[3] Davidsohn, I.: Hemochromatosis, Thymoma, Severe Anemia and Endocarditis in a Woman. Illinois M.J. 80:427 (Nov.) 1941.

[4] Ramos, A. J., and Loeb, V., Jr.: Presentation of Case, J.A.M.A. 160:1317 (Apr. 14) 1956.

[5] Weinbaum, J. G., and Thompson, R. F.: Erythroblastic Hypoplasia Associated with Thymic Tumors and Myasthenia Gravis, Am. J. Clin. Path. 25:761 (July) 1955.

[6] Opsahl, R.: Thymus-karcinom og aplastisk anemi, Nord. med. 2:1835 (June 17) 1939. Cited by Ross *et al.*[1]

[7] Radojevic, S., und Hahn, A.: Berinflusst der Thymus die Zahl der Granulozyten? Strahlentherapie 53:90, 1935. Cited by Ross *et al.*[1]

[8] Humphreys, G. H., II, and Southworth, H.: Aplastic Anemia Terminated by Removal of Mediastinal Tumor, Am. J. M. Sc. 210:501 (Oct.) 1945.

[9] Chalmers, J. N. M., and Boheimer, K.: Pure Red-Cell Anaemia in Patients with Thymic Tumours, Brit. Med. J. 2:1514 (Dec. 25) 1954.

[10] Chediak, A. B., Fuste, R., and Rosales, G. V.: Timoma y anemia aplastica, Arch. del Hosp. Univ. 5:27, 1953. Cited by Ross *et al.*[1]

[11] Wintrobe, M. M.: Clinical Hematology, ed. 3, Philadelphia, Lea & Febiger, 1951, p. 533.

[12] Polayes, S. H., and Lederer, M.: A Recipient of Many Blood Transfusions, J.A.M.A. 95:407 (Aug. 9) 1930.

[13] Astaldi, G., Rondanelli, E. G., Strosselli, E., et Gorini, P.: La Myélopénie érythroblastique. Étude de la moelle osseuse dans la forme acquise, Le Sang 26:345, 1955.

of the bone marrow in four cases of what they term "chronic acquired erythroblastic myelopenia, Kaznelson type," concluded that the erythroblast in "pure red cell anemia" shows definite deviations in its fundamental biologic activities, its proliferation and in its maturation. This alteration involves selectively the erythrocytic progenitors and spares the precursors of the granulocytes and thrombocytes. In addition to their four cases they refer to the original case reported by Kaznelson (1922) and others. It is pointed out that these cases occurred in adults and are thus acquired in type. The congenital type described by Diamond and Blackfan and referred to by Astaldi is known to us by the name of "chronic hypoplastic anemia." Astaldi *et al.* believe that it is a form of erythroblastic myelopenia with the same type of bone marrow change. In the discussion of the etiology of such anemias, the presence of thymomas is not mentioned.

Treatment in their hands was difficult. Folic acid, liver extracts, iron, vitamin B_{12}, and arsenic were of no avail. Interestingly enough, ACTH and splenectomy gave transitory good results, with renewed erythropoiesis, and reticulocytes in the peripheral blood stream. Blood transfusions alone were effective in maintaining life. The response to treatment in Astaldi's cases is thus the same as in the cases under consideration. The anemia also is of the same type, and a result of alteration of the biologic function of the red cell progenitor. The one factor lacking in Astaldi's cases is the thymoma.

Ross *et al.*[1] mention four possibilities: (1) chance occurrence, (2) anemia caused by the tumor, (3) tumor caused by the anemia, or (4) a common etiologic factor. Their opinion was that most probably the anemia was caused by the tumor, since thymomas were present before the anemia in many cases and the anemia was corrected by thymomectomy in some of the reported cases.

Chalmers and Boheimer[9] present two hypotheses (1) endocrine dysfunction and (2) lymphoid proliferation (thymus, marrow) which may in some way impede erythopoiesis.

We believe that it is logical to ascribe a similar, if not a common, etiologic factor for the pure red cell anemia seen in Astaldi's cases, for that which is present in conjunction with thymomas, and for congenital hypoplastic anemia. If so, then thymomas would be purely coincidental to the hypoplastic anemia, or their growth may be generated by the same factor. Presumably an abnormal endocrine secretion suppresses erythropoiesis, while sparing the granulocytic and thrombocytic precursors. It is of interest to consider that of the anemias alleviated by thymomectomy, two cases[9] received ACTH before alleviation was achieved, while one[8] was cured without ACTH. We do not know whether Chediak *et al.*[10] used ACTH in addition to thymomectomy. As mentioned earlier, Astaldi states that on occasions ACTH and splenectomy resulted in transitory alleviation of the anemia. It seems apparent to us that ACTH appears to have a marked effect in pure red cell anemias.

We suggest that the primary dysfunction is in the endocrine system. This aberration in turn causes the selective erythropoietic hypoplasia. It is possible that the endocrine imbalance is chronic and slight. The thymus gland may be less resistant to the endocrine stimulant (or lack of endocrine depressant) in some cases and responds by the formation of the thymoma, while the greater resistance of the bone marrow protects it for a longer interval, before it, too, is affected. It is possible that the effect on the bone marrow is potentiated through the thymoma, thus explaining why some of the anemias are alleviated; but we believe that the primary depressant is to be found elsewhere in the endocrine system. This belief is substantiated by the fact that splenectomy and steroids were necessary to cure some of the anemias.

Summary

1. A single Chinese-Hawaiian woman who survived an acute myocardial infarction with congestive failure in 1950 was also found to have diabetes. Early in 1951 a tumor developed in the lower anterior right mediastinum and gradually increased in size. Four years later she appeared with severe anemia revealed to be purely a lack of production of red blood cells. At autopsy, the tumor was found to be a thymoma. Thirteen other cases of this rare combination of events have previously been described.

2. It is suggested that thymomas and erythroblastic hypoplasia result from a common etiologic factor.

Summario in Interlingua

Le presentia de diabete esseva constatate in un femina chino-hawaian qui superviveva in 1950 acute infarcimento myocardial con insufficientia congenite. Tosto in 1951 un tumor se disveloppava in le mediastino dextero-antero-inferior e gradualmente cresceva in dimension. Quatro annos plus tarde le patiente presentava sever anemia que se revelava como purmente un manco de erythropoiese. Al necropsia le tumor esseva identificate como thymoma. Dece-tres altere casos de iste infrequente combination de eventos ha previemente essite describite.

Es suggerite que thymomas e hypoplasia erythroblastic resulta ab le mesme factor etiologic.

Case Report

COMA FOLLOWING MEPROBAMATE

HYMAN W. FISHER, M.D.*
Honolulu

Meprobamate (Miltown, Equanil) is an ataractic agent generally considered to have a low incidence of toxic side effects. For this reason it is being prescribed with increasing frequency by physicians in all specialties. Varied allergic reactions, gastric discomfort, and marked sleepiness were early noted to be uncommon side effects. In 1956 reports began to appear describing coma due to overdosage with this agent. Eleven such cases have been described in the American literature.[1]

The following case is reported in which coma of almost five days' duration followed the ingestion of 20 grams of meprobamate with suicidal intent.

Case Report

A 52 year old white man was brought to The Queen's Hopital emergency room at 9:50 P.M. on July 20, 1957. He had been walking away from his automobile after it was involved in a three-car accident, when he collapsed and was brought to the hospital. He was on pass from another hospital where he was undergoing psychotherapy. Meprobamate had been prescribed for him while he was on pass. A suicide note was found in his auto.

Past medical history included childhood tuberculosis, alcoholism, and a myocardial infarction two years previously.

When first seen the patient was in coma. He was cyanotic, apneic, and completely areflexic. There was the odor of alcohol about him. No blood pressure was obtainable. Pulse rate was 92 per minute and regular. Pupils were pinpoint in size and unresponsive to light. The ocular fundi looked normal. The only evidence of trauma was an abrasion on the right knee. The chest was clear and examination of the heart not remarkable. The abdomen was soft and liver, spleen, and kidneys were not palpable.

Immediate therapy included artificial respiration and the insertion of a pharyngeal airway, with oxygen administered by catheter. An intravenous infusion of glucose in water was started, and 1.5 ml of Coramine given by vein. Mechanical resuscitation was attempted, but the patient remained cyanotic, with shallow respirations and a systolic pressure of 50 mm mercury by palpation. An endotracheal tube was inserted and manual positive pressure artificial respiration with oxygen was instituted. The color improved somewhat. The pulse increased to 120 per minute. A Foley catheter was inserted. Four ml of Levophed was added to 500 ml of intravenous solution, and this was run in slowly.

During the second hospital day the patient remained comatose and completely unresponsive to pain. The Levophed drip was discontinued at 4:00 P.M. The systolic blood pressure remained about 110 mm. During the day the pupils varied from pinpoint and unresponsive to light, to moderately dilated and sluggishly reactive to light. At times they were unequal in size. Left upper lobe pneumonia and fever developed. Ten ml of Metrazol given intravenously in divided doses over a two-hour period elicited no response other than temporary deepening of respirations. Picrotoxin, 12 mgm by vein, was without noticeable effect. The patient had been started on intramuscular chloramphenicol. The initial eight-hour urine output was 1000 ml, and during the second hospital day it was 1125 ml.

Levophed was restarted at 11:00 A.M. of the third hospital day because of falling blood pressure. Electrolyte studies of the blood were normal. Hydrocortisone, 100 mgm, was given by intravenous drip, and streptomycin given to cover possible reactivation of tuberculosis. There was no change in the neurologic picture during this day. The pupils continued to vary in size and reactivity. The endotracheal tube became plugged and was changed. During the first eight hours of the third hospital day the urine output was 100 ml, and during the entire day it was 455 ml.

On the fourth hospital day 200 mgm of intravenous hydrocortisone was given. The Levophed was discontinued at 2:00 P.M. The endotracheal tube became obstructed again and a tracheotomy was performed to ensure an airway. During the day the knee jerks returned. Towards evening the pupils were remaining wide and reactive to light. The patient began to cough and to move his legs in response to painful stimuli. Fingernail cyanosis persisted. The 24-hour urine output was 1450 ml.

During the fifth hospital day there was no significant change in condition.

On the sixth hospital day the patient gradually began to move his head, eyes, eyelids, and all extremities. He was swallowing and coughing. A transient right Babinski sign was elicited. At 5:00 P.M. he smiled, and at 7:00 P.M. he began to speak. The total time in coma was about 116 hours.

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[1] Allen, A. G., and Black, A. V.: Near-fatal case of intoxication with meprobamate treated with electro-stimulation and Levarterenol, Ohio State Med. J. 52:1303 (Dec.) 1956.
Charet, R., Brill, B., and Elloso, C.: Coma after Miltown overdose, Ann. Int. Med. 45:1211-1213 (Dec.) 1956.
Collins-Dineen, M.: Meprobamate toxicity, report of a case, Ohio State Med. J. 52:1304-1305 (Dec.) 1956.
Deisher, J. B.: Ingestion of 12 grams of meprobamate with recovery, Northwest Med. 55:1083-1085 (Oct.) 1956.
Hiestand, E. C.: Overdosage with meprobamate; presentation of a case, Ohio State Med. J. 52:1306-1307 (Dec.) 1956.
Shane, A. M., and Hirsch, S.: Three cases of meprobamate poisoning, Canad. Med. Ass. J. 74:908-909 (June 1) 1956.
Woodward, M. G.: Attempted suicide with meprobamate, Northwest Med. 56:321-322 (Mar.) 1957.

The following day there was further lightening of consciousness and the patient was speaking rationally. He had no memory for the events leading to his hospitalization. He began to take oral fluids.

On the eighth hospital day the patient recalled that he had taken 50 tablets of meprobamate (400 mgm each) and three capsules of Seconal. He was transferred to another hospital for further treatment.

Laboratory Data

July 20 and 21. Urine: clear, yellow, pH 4, trace protein and sugar, no acetone, many hyaline casts, negative test for barbiturates. Hemoglobin 15.6 gm. per cent, hematocrit 46 per cent, WBC 17,400 with 95 per cent polymorphonuclear leukocytes. Blood chemistries: test for barbiturates negative; SGO transaminase 49.3 units (normal 8-40); cephalin flocculation 67 per cent (normal 0-25 per cent); urea nitrogen, serum proteins, thymol turbidity all normal. Spinal fluid normal. Chest x-ray: localized plate-like atelectasis in the region of the lingula. Skull x-ray normal. E.C.G.: sinus tachycardia, left electrical axis deviation, old antero-septal myocardial infarction, changes suggestive of antero-septal myocardial injury.

July 24. Urine: trace protein, no sugar or acetone, 6-8 WBC and 2-4 RBC per high power field, no casts. Hemoglobin 14.2, hematocrit 42, WBC 10,800. SGO transaminase 51 units. Chest x-ray: diffuse, relatively homogeneous infiltrates in both upper lobes.

July 27. E.C.G.: regular sinus rhythm, evolutionary changes of the possible antero-septal myocardial injury noted on the 22d.

Comments

The clinical picture of meprobamate coma is non-specific. Just prior to coma the patient may feel numb, inebriated, or drowsy. The depth of coma may vary from a deep sleep to deep coma with shock, slow and ineffectual respirations, and complete flaccidity and areflexia. Pupils may be pinpoint or maximally dilated and unresponsive to light, or they may, as in the present case, vary in size and reactivity to light. There are too few laboratory data available for analysis.

There is no direct correlation between the dose of meprobamate and the duration of coma. The duration is undoubtedly influenced by such factors as individual sensitivity to the drug, the concomitant or prior use of such agents as barbiturates and ethanol, and by the treatment given. Large doses have been taken with no more serious effects than marked sleepiness: 40 grams ingested over a 24-hour period was without serious adverse effects;[2] and 20 grams taken within one hour was followed only by marked sleepiness.[3] On the other hand, some patients are made markedly drowsy by ordinary doses, and six grams has been followed by coma.[4] The duration of coma in the present case—116 hours—is the longest reported following any dose of meprobamate. The longest coma previously reported was 72 hours, and that followed the ingestion of 40 grams of the drug.[5]

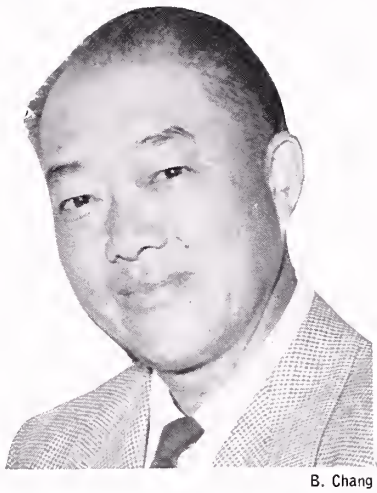
No specific therapy for meprobamate coma has been advanced. The treatment, even when the causative agent is known, must be supportive. It is not known whether any measures actually shorten the duration of coma. Many measures have been employed in the reported cases: adrenaline, amphetamine, caffeine, cerebral electro-stimulation, Coramine, dextro-amphetamine, ephedrine, Levophed, Metrazole, and picrotoxin, as well as various intravenous fluids.

No reference has been found to any fatality due to meprobamate coma. However, the depth of coma and impairment of vital functions in the present case and in others reported have been of such a degree that the cases might well have terminated fatally without adequate medical attention.

[2] Altschul, A., and Billow, B.: The clinical use of meprobamate (Miltown), N. Y. State J. Med. 57:2361-2366 (July 15) 1957.
[3] Selling, L. S.: Clinical study of a new tranquilizing drug, J.A.M.A. 157:1594-1596 (Apr. 30) 1955.
[4] Shane and Hirsch.[1]
[5] Hiestand.[1]

Please Kokua!

Only three doctors have sent in the Readership Poll page from the Sept.-Oct. issue. Please find your copy, tear out the page, fill it in and mail it now. Mahalo!



B. Chang

SAMUEL L. YEE, M.D.

The President's Page

September, 1957, may one day be recorded as one of the most unsavory periods in the history of the medical profession in Hawaii—TV, radio, and the press covered the situation completely. The theme—dishonest doctors.

The medical profession does not condone illegal or immoral acts by its members. Guilt should pay the price for its being. On the other hand, perhaps there should be some review of the widespread, oft repeated, and sometimes expansive denunciation of our physicians with adverse implications of the profession in general. Publicity may be a necessary evil but let no physician be hypnotized into humiliation by those who continually recite "keep faith with the public by cleaning house."

We must keep our perspective and not permit ourselves to lose our autonomy to any agency—whatever it may be—that uses the medical profession as a whip and the Federal Government as its ax.

* * *

At the annual meeting in May, 1957, the House of Delegates requested that your president proceed with plans for a summer meeting in Honolulu to follow the 1958 AMA convention in San Francisco. I would like to announce at this time that there will be a Hawaii Summer Medical Conference on July 1, 2, and 3, 1958. Mainland speakers and subject matter, on internal medicine, will be chosen by a committee composed of Allan Leong, chairman; Fred I. Gilbert, Jr.; Nobuyuki Nakasone; A. Leslie Vasconcellos; and William S. Ito. Ex officio members are Samuel L. Yee, William N. Bergin, Edward F. Cushnie, and Satoru Nishijima. The Committee proposes that a portion of the registration fee be turned over to the Woman's Auxiliary to the Hawaii Medical Association.

* * *

Continuing with the Emergency Medical Committee are Robert B. Faus, Henry C. Gotshalk, Louis A. R. Gaspar, James F. Fleming, and Isaac Kawasaki. New members are Edward K. Lau, John H. Peyton, Paul W. Gebauer, Lester P. K. Yee, Leon E. Mermod, Ed B. Helms, and P. M. Cockett. Dr. Kawasaki is chairman. Through his stimulus the Committee has met three times with Territorial Civil Defense members, including Dr. Richard K. C. Lee, and our lagging disaster plans are again taking shape. It was gratifying to see members from the other islands at the meetings.

Samuel L. Yee, M.D.

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[EDITORIALS]

Salmonellosis in Hawaii

"An apparent shift in incidence [of enteric infections] took place in the Hawaiian Islands, when an exceedingly competent bacteriologist, interested in enteric-fever organisms, reorganized the laboratory services." So, in 1953, wrote Karl Meyer of the Hooper Institute at the University of California, in a monograph on food poisoning.[1]

Further detailed studies of this "shift in incidence" are presented in the lead article in this issue of the JOURNAL.[2] Widespread TAB vaccination and an alert Health Department have relegated the classical typhoid and paratyphoid fevers to a fraction of 1% of the total cases; and other Group B and D salmonellae, such as S. typhimurium, and the "hat" salmonellae—derby and panama—have also become relatively infrequent in the vaccinated segment of the population. These organisms are still important enteric pathogens for unvaccinated infants, however, the more so because typhimurium and panama are both highly invasive and virulent.

Warning is given against reliance on serologic agglutination tests in the diagnosis of enteric fevers. They are highly untrustworthy: typhimurium gives high titers against para B, for example, and panama against S. typhi. The only reliable diagnostic procedure is culture and typing of the organisms. Hawaii is most fortunate in having a Salmonella Typing Center where this can be done.

[1] Meyer, K.: Food poisoning, New England J. Med. 249:765-773, 804-812, 843-852 (Nov. 5, 12 & 19), 1953.
[2] Levine, M., Enright, J. R., and Ching, G.: Some observations on salmonellosis and shigellosis on Oahu, 1948-1955, HAWAII MED. J. 17:133 (Nov.-Dec.), 1957.

"Closed Shops" for Doctors

Hawaii's resolution to place the AMA in opposition to hospital requirements of medical society membership for admission to the staff was rejected by the AMA House of Delegates last June in New York.

The only argument presented by the Reference Committee against the resolution was that it might tend to deter physicians from joining medical societies if such membership were not a requirement for hospital staff admission. The speciousness of this argument is proved, if proof were needed, by Hawaii's experience; 88 per cent of our practicing physicians are members of their county medical society, and no hospital requires such membership.

In the hearing, a southern member of the Reference Committee said the resolution would embarrass southern hospitals which, he said, used this device as a means of maintaining segregation, in defiance of the Supreme Court. It is to be hoped that this argument did not weigh heavily with the committee.

The AMA House of Delegates is on the whole a wise and mature body, but it is not an infallible one. It has in the past reversed itself on decisions from time to time. We hope it will see fit some day to reverse itself on this one.

A closed shop is not a proper device for the "encouragement" of membership in the AMA or in its component or constituent societies. It is not a proper device for keeping physicians off hospital staffs. It is not in keeping with the dignity or the philosophy of the American Medical Association that it should let itself be used to such an unworthy end.

Stealing from Insurance Companies

Two Honolulu physicians are being investigated by postal authorities, as we go to press, on suspicion of having used the mails to defraud the Hawaii Medical Service Association. One, though he had not mailed his claim forms (he had submitted them in person!) had apparently accepted payment through the mail.

Several other physicians are also believed to have submitted claims for visits that were not made. In many instances, their motive seems to have been to make the insurance company pay for items not covered by the policy: i.e., the cost of the initial visit, or of medications, or both. Many patients, it is said, insist that their doctor do this for them. After all, it is standard practice for insurance agents to advise their clients how to report loss or damage claims, not actually covered by the policy, in such a way that they will be payable.

Physicians are strongly motivated by the tradition of their profession to feel sympathy for others, especially for patients. They are also understandably reluctant to antagonize patients by refusing to agree to such requests, or by telling them that such a procedure is dishonest and illegal.

Nevertheless, it *is* dishonest and illegal. It is simply stealing. If the postal service is used in the transaction at any point, the physician is guilty of using the mails to defraud. The patient and the doctor are equally guilty before the law if both have knowledge of the act. A third party who knows of it and fails to report it to the authorities runs the risk of being charged with compounding a felony.

It is equally dishonest (though not illegal, perhaps) to render unnecessary services to a patient because their cost will be borne by an insurance company. Services you would not render at the patient's expense should not be rendered at the expense of an insurance company. Such unnecessary charges make higher insurance premiums necessary and thereby take money from thousands of other patients.

Punishment should fit, in the modern view, the criminal rather than the crime. Physicians who have engaged in these practices out of genuine sympathy for their patients' distress, perhaps without fully realizing the enormity of their offense, should probably be dealt with gently if they make voluntary restitution and mend their ways.

It is difficult to feel kindly toward physicians—if such there be—who have increased their own income by persistent falsification of claims, or who are impenitent and fail to cooperate in undoing, so far as possible, the wrong they have done. Such men bring discredit upon an honored profession, and endanger the whole framework of free medical practice and free choice of physician.

One to 930

The supply of physicians in active practice in the U. S. A. in 1950 ranged from a high of one to 380 persons, to low of one to 5,100, according to a survey conducted by Frank G. Dickinson, Ph.D., head of the A. M. A.'s Bureau of Medical Economic Research.[1] The study was confined, for reasons not stated, to the continental U. S., so we cannot compare Hawaii's position very accurately with that of the Mainland.

The character of medical practice on the neighbor islands is influenced so strongly by plantation practice that it does not lend itself to such comparisons. On Oahu, however, plantation practice is so overshadowed in point of numbers by urban practice that the figures are of some significance.

The population of Oahu in 1950 was 330,226, and there were 410 registered physicians and surgeons on the Island, a ratio of 1 : 815 (U. S. median, 1 : 1140). How many of these were in active practice we do not know.

In 1957, Oahu's population had risen 26 percent, to 416,112, and the total number of registered physicians had risen 15 percent, to 478—a ratio of one doctor to 870 persons. Retired, military and institutional physicians totalled 42, leaving 436 in active practice, a ratio of roughly one practicing physician to 930 persons, as compared to a U. S. national average (in 1950) of 1 : 960.

One cannot compare Hawaii with Mainland areas in this regard; there are too many unknown factors involved. The figures suggest, however, that we have enough doctors in Honolulu, in proportion to the population, and that the supply is keeping up pretty steadily with the increasing demand.

The next A.M.A. study of distribution of physicians will—by authority of the House of Delegates at the 1955 session—include Hawaii.

[1] Dickinson, F. G.: Distribution of Physicians by Medical Service Areas (Bulletin No. 94), American Medical Association, Chicago, 1954.

Aloha, Dr. and Mrs. Irvine McQuarrie!

A truly great man has left our midst. Irvine McQuarrie, Ph.D., M.D., resigned his position as Director of Medical Education at the Kauikeolani Children's Hospital and has gone to California to assume the position of Director of Research at the Children's Hospital of the East Bay in Oakland, California.

It is with a tremendous amount of sadness and regret that we see this man leave us, but brighter horizons beckon to him. His stay in Honolulu, though only for one and a half years, was a memorable and inspiring one. Unfortunately, too few people have realized the great struggle that he went through to advance the cause of medicine and all that it stands for. During this period, however, he has inspired the entire staff of Kauikeolani Children's Hospital to take stock of themselves and as a result, we have witnessed tremendous upheavals in every section of the hospital. Only through his courage and tenacity have the evils of apathy and indifference been uprooted. Great progress is now being made in Children's Hospital, and we are also witnessing a greater integration of efforts to increase medical knowledge, and thus to better the care of patients in this community. These, and the future gains, will stand forever as a tribute to this man's efforts.



DR. McQUARRIE

His greatest dream for Honolulu has not been realized. He envisions a great medical education center in Hawaii which would someday draw people from all over this Pacific area, from the Pacific shores of North and South America to Australia, and the Far East, for medical research and education. It is to be more than merely a medical center, however, for his thoughts transcended the smaller, ultimately inconsequential, things of life. It is his firm conviction that we could gain international recognition in this manner and thereby show an example of racial amity and American democratic living for the entire world to envy and to emulate.

On account of this vision, he was called an impractical dreamer by some of us here. Without exception, however, great thinkers and teachers who have come here, have all agreed that this possibility is within our grasp. Foundations have expressed keen interest in the international impact of Dr. McQuarrie's ideas, but there is much to improve upon before we can think of getting some of these funds. Our future as a fountainhead of a great American culture and knowledge is there for us to work for.

Dr. McQuarrie has so many accomplishments and honors, that it would be beyond the scope of this message to list them all. His fame in the field of medical research will no doubt be recorded in history. We in Honolulu will remember him for his greatness as a teacher and as a man. His kindness and gentleness, his desire to teach, his graciousness and helpfulness, all of these traits will be remembered by us who were privileged to spend some time with him. His idealism and courage of his convictions, his forthrightness and honesty were inspirational.

He has said that he will always reserve a warm spot in his heart for Hawaii. He was so impressed to see all of the peoples and races work and play and live together, that he confessed that it was with a great deal of sadness that he was leaving us. For a privileged few of us, I am sure he will always be with us—a truly great man who will forever be helping us and guiding our steps.

It seems especially appropriate to close this message with a phrase from our famous song, Aloha Oe—"Until we meet again."

You will always find a home here in Hawaii, Dr. and Mrs. Irvine McQuarrie.

DONALD CHAR, M.D.

In Memoriam -- Doctors of Hawaii -- XI

This is the eleventh installment of In Memoriam—Doctors of Hawaii.

Archibald Neil Sinclair

Archibald Neil Sinclair was born January 20, 1871, in New York City. He was the son of Archibald and Mary (MacInnes) Sinclair who came to New York in 1869 from Glasgow, Scotland. When he was a small boy, his father came to Honolulu to erect the Iolani Palace for the well-known contractor, E. B. Thomas. The elder Sinclair remained in Honolulu for many years in the contracting business, and among the buildings he erected were the Army Service Club and the old Opera House.



Young Sinclair attended Punahou, graduating in 1889. He received his medical degree from the University of Glasgow in 1894.

From November, 1894, to March, 1897, Dr. Sinclair practiced in Yaxley, England.

Returning to Honolulu in 1897, the young doctor began his practice in Waianae.

On January 1, 1900, Dr. Sinclair married Flora Margaret Perry. Miss Perry was the daughter of Jason Perry, former Consul-General in Hawaii for Portugal, and a sister of Justice Perry of the Territorial Supreme Court. The couple had one daughter, Miriam E. Sinclair, who became a teacher at Punahou.

Dr. Sinclair was appointed city physician in March, 1901, and served in this capacity until March, 1908. From 1900 to 1919 he was Acting Assistant Surgeon with the U. S. Public Health Service. In 1900 Dr. Sinclair was also made Director of Leahi Home. He was physician in charge of the tuberculosis bureau and the bacteriological department of the Territorial Board of Health from 1911 to 1916. During the World War he was appointed bacteriologist and pathologist for the Board of Health. After 1916 he engaged in private practice, specializing in pulmonary ailments, radiography and bacteriology.

Dr. Sinclair was noted throughout the United States for his research work in the field of tuberculosis. During his lifetime he contributed articles to numerous medical journals.

Dr. Sinclair died October 21, 1930, in Honolulu at the age of 59.

He was a member of the American Medical Association, Territorial Medical Society of Hawaii (president in 1908), Territorial Board of Medical Examiners, charter member of the American Society of Immunologists (limited to 100 members chosen for original work in immunology), American Society of Bacteriologists, National Society for Tuberculosis, American Congress of Medicine, and the American College of Physicians. He was also a Mason, a Shriner (Potentate of Aloha Temple in 1929), past commander of the Knights Templar, district deputy supreme chancellor of the Knights of Pythias 1900-1904, and a member of the Honolulu Ad and University clubs.

William L. Moore

William L. Moore was born in Michigan on November 16, 1863. He attended public school and from high school entered the University of Michigan which granted him his M.D. in 1890.

After graduation Dr. Moore was appointed instructor in medicine at the University and served on the faculty for three years.

Arriving in Honolulu on a leave of absence in 1897, Dr. Moore was so well pleased with the Islands that he decided to make Hawaii his home.

On December 20, 1898, Dr. Moore married Miss Nell M. Lowrey, younger sister of Mr. F. J. Lowrey and Mrs. Ida Castle. The couple had three daughters: Alice, Caroline, and Eloise.

The doctor served for a time as a member of the Board of Health. He also served as assistant city and county physician, commissioner on insanity and visiting physician to the Queen's Hospital. At the time of his death, he was a member of the Board of Medical Examiners. He was a 32d degree Mason and an Elk. For years Dr. Moore was connected with the Hawaii National Guard, ranking as a major-surgeon.

Dr. Moore died October 21, 1916, in Honolulu.

The following excerpts are taken from a tribute to Dr. Moore written by Dr. E. S. Goodhue and published in the transactions of the 25th and 26th annual meetings of the Medical Society of Hawaii, page 17.

> Doctor Moore was a man of more than usual ability. His purely technical qualifications were excellent, but greater than these were his artistic susceptibility and his culture. He loved beauty sincerely, was uplifted by harmonious sights and sounds, felt life in his blood.
>
> Such men are lovers of women
>
> He should have been an artist, pure and simple. Such work would have satisfied him better, joyed his soul, ministered to his fancy and imagination, and been far better for him and the people he served than any other work whatever.
>
> I do not mean to say that he was not a good physician; but there were easily better ones
>
> Doctor Moore, though qualified by study and experience to act in any emergency he was willing to meet, was not temperamentally fitted for the practice of a profession which is strangely exacting and, in many ways, rigidly narrow
>
> Despite the fact that several of our greatest physicians have been great poets, novelists and artists, the public, having accepted a man for his medical knowledge and skill, is exceedingly jealous of any errancy from the paths of traditional conduct.
>
> He paints! He is a poet! He writes for the newspapers! He is a great reader of fiction! He likes to work in the garden! All this is said with undisguised contempt, as if he, the doctor, should know better than to indulge in such unbecoming and disastrous pursuits
>
> Now, Doctor Moore was not an orthodox physician, and he did not stand at the head of his profession.
>
> Yet he began with ability, earned honors as a teacher in his Alma Mater. Before I ever came to Hawaii or met Dr. Moore, I had heard of his work in Michigan through one of the professors who was associated with him there.
>
> "He was tactful and showed a conscientious acquaintance with his subject."
>
> For a time and in a more normal frame of mind, I think, Dr. Moore fell in line with the attitude of the majority of his brother physicians and scientists here and abroad, accepting Evolution and the Higher Criticism of the Bible.
>
> But, owing to some inner changes, probably of sentiment more than of reason; by a gradual lowering of intellectual initiative, he gave up rational thinking so far as religion was concerned, and, like Newman, in a sort of despair took refuge in the proxy of a creed.

He has said to me repeatedly:
"The Roman Catholic Church is the only church for a deeply religious man."
Again he said: "Any hand-made faith of mine falls to pieces in my hands; I must have the manufactured article," and with a twinkle in his expressive eye, added:
"You know the authorities at Rome can make it to order!"
Yet, as he told me by word of mouth and by letter, he could not very well enter that Church. "Traditions" were against such a course. And, I believe his own heart mistrusted itself upon such a decision. His father was a Methodist minister whom he reverenced; he himself was a member of the Congregationalist Church.

John S. Tracy

In 1897 John S. Tracy was granted a license to practice in the Islands, and he took up residence in Hilo. The doctor came to Hawaii from Winona, Minnesota, where he had been in practice for 12 years.

The year following his arrival his health failed and he took a trip to the Mainland. On his return, he continued to fail and on July 5, 1899, Dr. Tracy died in Honolulu. He was 41 at the time of his death. He was survived by his wife.

Frank Irwin*

Frank Irwin was born in Shelburne, Nova Scotia, Canada, in the year 1863. His parents were Robert Gore Irwin and Isabel Archer Irwin.

He was graduated from Boston University in Boston, Massachusetts, in the year 1889. He practiced his profession in the town of Lockport, Shelburne County, Nova Scotia, up to the year 1898.

He first married Nellie Johnson of Lockport, Nova Scotia, and one child, Nellie Irwin, was born to them as the issue of said marriage. He later married Allie Locke and there was no issue of that marriage.

He moved to Hawaii in 1898. He practiced his profession in the City of Hilo, County and Territory of Hawaii, up to the year 1901 when he became tubercular. He departed from Hawaii in the year 1902 and moved to Arizona, where he died in that year.

Francis Howard Humphris

Francis Howard Humphris was born in Croydon, England, in May, 1866, the son of F. H. Humphris, Justice of the Peace for the County of Yorkshire.

He was educated at Highgate School, as well as privately. In 1881, he entered the Preliminary Medical College of Surgery, after which he spent five years at the University of Edinburgh. He also studied at the University College Hospital in London and the Rotunda Lying-In Hospital for Women in Dublin. He took the conjoint diploma in 1895 and for the next three years worked as a tutor at Brussels University where he received his M.D. degree with honors.

In January, 1898, he married Ethel Marion, daughter of Col. Hesketh of the Indian Staff Corps. Early in the same year they came to Honolulu where Dr. Humphris became the partner of Dr. George Herbert.

During his ten years in Honolulu, Dr. Humphris served as Superintendent of the Insane Asylum and was senior staff physician at The Queen's Hospital. He also traveled extensively, making tours through Palestine, Egypt, Greece, Spain, Morocco, etc.

In 1907 Dr. Humphris served as Secretary-Treasurer for the Hawaii Territorial Medical Society and as Vice-President the following year. He was elected President of the group for the 1909 term, but resigned in 1908 when he left for London.

Returning to London, he served for six months as clinical assistant in the x-ray and electro-therapeutic department of the West London Hospital.

During World War I, he served in the R.A.M.C. with the rank of major and was mentioned in dispatches. Towards the end of the war he was with the Egyptian Expeditionary Force, reorganizing the radio-therapy departments of military hospitals.

In 1920 Dr. Humphris took the Cambridge diploma in medical radiology and electrology and was on the consulting staff of the East and West Molesy and Hampton Court Cottage Hospital. He did a great deal of work for the St. John's Clinic and Institute of Physical Medicine. He was also on the staff of Christ's Hospital and was the author of three books on electrotherapy.

Dr. Humphris died at Bath, England, on June 17, 1947, at the age of 81.

Dr. Humphris had been a member of the British Medical Association over fifty years. He was a representative at the annual representative meetings on no fewer than ten occasions and was at one time chairman of the Westminster and Holborn Division. He had been president of the Irish Medical Graduates' Association, a past president of the Hunterian Society, president of the Brussels Medical Graduates' Association, member of the Roentgen Society and the West London Medico-Chirugical Society, and a Commander of the Order of St. John of Jerusalem.

Quoting in part from Dr. Humphris' obituary published in the *British Medical Journal* of June 28, 1947: "This is just a personal appreciation of the man and his charm. I possessed for years his friendship, and I found his personality irresistible. As a host he was second to none—his great delight in life was 'throwing a party.' His concoctions—he called them 'cocktails'—served in enormous glasses, were ever puzzling in their make-up, with spices from the plains of Arabia, curios and exotic fruits from the shores of Honolulu, all mingled with unheard of liqueurs. They were baffling in character; they were potent beyond words. As a chef, too, there was nothing to teach him. He delighted to help a lame dog over a stile, and in his hey-day he helped many, and gave generously. As a 'raconteur' he was hard to beat, at his clubs and elsewhere, and he was a good mixer. He certainly was born to smile at life, and to move 'light-footed towards the twilight.' "

William Edwin Taylor

William Edwin Taylor was born in Virginia in 1837.

He was a graduate of the Medical College of the Valley of Virginia, Winchester, in 1859.

Dr. Taylor was appointed to the Navy from Virginia and entered the service in 1859. He saw service on the "Monadnock," "Saranac," "St. Mary," and the "Pensacola" frigates. He became a medical inspector in the Navy and was retired, due to ill health, on January 14, 1881. In 1901 he was called back into the service and acted as a naval physician on the station here. At the time of his death, he was an inspector with the relative rank of commander.

For 18 years Dr. Taylor was professor of surgery in the medical department of the University of California.

Although he had visited the Islands many times, it wasn't until 1898 that he came here to settle in the interest of his health.

Dr. Taylor served on the Board of Examiners and on the Board of Dental Examiners for the Territory.

He was married but had no children.

(*Continued on page 174*)

* Written by Mr. Harry Irwin.

INTRAVENOUS Compatible with common IV fluids. Stable for 24 hours in solution at room temperature. Average IV dose is 500 mg. given at 12 hour intervals. Vials of 100 mg., 250 mg., 500 mg.



THERAPEUTIC BLOOD LEVELS ACHIEVED

Many physicians advantageously use the parenteral forms of ACHROMYCIN in establishing immediate, effective antibiotic concentrations. With ACHROMYCIN you can expect prompt

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Bureau of Medical Economics

R for Better Public Relations in Collections

What happens to each new patient who is referred to, or enters your office? Does your "Good Will Ambassador"* have the facilities, or the time, to comfort and to make the patient feel he or she is wanted and to feel at home? Is the patient shuttled about and asked many embarrassing questions in a situation where all other patients can overhear these personal questions? Is there any private discussion about personal affairs and finances? Does your medical assistant have the time or the physical facilities to conduct such an interview?

Doctor, you may be interested in the feelings and attitudes of a consensus of several hundred medical assistants regarding these foregoing questions. If you and your Good Will Ambassador are interested in various interpretations of handling these problems, we will attempt to bring these opinions to you.

General attitudes of the medical assistant have been interpreted to be something like this:

> I would like to have the opportunity of obtaining more satisfactory admitting information from the new patient. My collections would be increased and I would have a better chance to know the patient, and the patient's problems. This would automatically help to eliminate many of our appointment cancellations and delinquent accounts. If I had a chance to know the patient on a friendly basis, I could work out financial arrangements more efficiently, because I know that this is *my* job and *not the doctor's*.
>
> My office is quite busy and I find that by handing the patient a pad of admitting forms (new patient registration records) for him or her to complete, it saves much of my time and saves asking the patient many embarrassing questions. It then gives me the opportunity to fill in the omissions in more private circumstances. This is an excellent opportunity for me to become more familiar with this patient by remarking about the neighborhood, the children, the family pets, the garden, the place the spouse works, et cetera. By taking full advantage of this opportunity, I feel free to talk to the patient about finances when the time comes. I know how much credit to extend without having to look in the credit reference book for a rating.
>
> I have found that the credit checking is an extraneous, time-consuming detail and I have more collection success in knowing the patient well and being in the confidential position of talking with the patient, friend to friend; this way I know whether or not the patient can pay or will pay his or her doctor bill.
>
> I find that the accounts I must assign for collection, at the end of six months, are those patients' accounts whom I have not had the chance to admit properly to our office. When the patient and I are on friendly terms, the patient rarely neglects to talk to me about the account when it becomes delinquent. I realize a few patients will slip through as a result of a residence call or hospital consultation, or the times that I misjudge. When this happens and the account becomes delinquent, my doctor suggests that I send the account to our local B.M.E.

The next article in this series will attempt to discuss medical assistants' attitudes and solutions to the problem of presentation and discussion of fees.

* Good Will Ambassador is any doctor's office employee.
First of a series prepared by Robert H. Byram, Medical Administrative Consultant for the B.M.E. of the Santa Clara County Medical Society.

Progress Reports

Should you expect the Bureau to give regular progress reports?

The best report the Bureau can give you is in the form of a check. You must remember, the Bureau has a heavy overhead, and earns nothing unless it successfully collects on your claim. From reasons of pure self-interest we are taking every legitimate means to collect your money. You must also remember that the Bureau has many accounts assigned that, after investigation prove to be medically indigent and uncollectable. We must make up for this heavy loss by making a concerted effort to collect every other possible claim.

When a doctor's office requests a progress report on *all* of his accounts, it then takes a great deal of valued collection time to gather these accounts from our various files and give the report. So except for some special reason, please leave the Bureau free to collect your accounts without requiring *unnecessary* reports. However, if your office desires a progress report on one or two individual accounts, we can give you the information immediately upon your contacting us by phone.

R. M. KENNEDY
Executive Secretary

Brings **M**ore **E**fficiency

This is What's New!

The diuretic **Diamox** is being used to treat **sickle cell disease.** Diamox inhibits carbonic anhydrase. This results in more oxyhemoglobin and lowered plasma CO_2. Since sickling is dependent upon reduced hemoglobin, less sickling occurs when there is proportionately more oxygenated hemoglobin. The practice follows the theory: patients with sickle cell disease on Diamox have less in vitro and in vivo sickling, less hemolysis and general improvement in clinical status. (*Brit. Med. J.* [Aug. 3] 1957.)

* * *

Incidentally, there are now **nine different types of hemoglobin** recognized. The seventh type of abnormal hemoglobin has been tagged "Hemoglobin J," with the third case of Hemoglobin J disease occurring in a 20 year old soldier with Fanconi's syndrome. That severe case of hemolytic anemia may have hemoglobin K, or L, before long! (*Am. J. Med.* [Aug.] 1957.)

* * *

Carbon dioxide has been used **intravenously** in humans now to **outline the chambers of the right side of the heart.** Up to 100 cc has been injected rapidly without symptoms or fatality. CO_2, which is twenty times more soluble in serum than air or oxygen, caused no difficulty in dogs even when injected directly into the left ventricle or root of the aorta. Although the procedure thus far has been used primarily to assist in the diagnosis of pericarditis, the investigators urge that carbon dioxide be used in place of air or oxygen for all diagnostic purposes, including such examinations as the Rubin's test, perirenal insufflation, etc. (*Ann. Int. Med.* [Aug.] 1957.)

* * *

The preoccupation with **"what's new"** in medicine has led to almost a total disregard of **"what's old."** This defect in the very modern physician's knowledge has led two medical journals to editorialize on this matter during the past few months. Bloomfield, of Stanford, believes that there is danger of the impersonal mechanomedicine of today reverting to a Dark Age with little understanding of the evolution of modern medicine. The editor of *New England Journal of Medicine* is convinced that an awareness of the history of medicine is "a way of building **a bridge between the practice of medicine and humanity of science."** (*Arch. Int. Med.* [Aug.] 1957 and *New Eng. J. Med.* [Aug. 8] 1957.)

* * *

The **tubeless gastric analysis** is 95 per cent accurate in diagnosing **achlorhydria** or **hypochlorhydria.** The test is remarkably simple. The patient merely swallows a tablet containing a cation exchange resin combined with a blue dye. If free hydrochloric acid is present in the stomach, the dye is split from the resin and appears in the urine. If no acid is present, the urine remains its normal color. Its high correlation with the tube method makes it a valuable aid to detecting cancer of the stomach and pernicious anemia. (*J.A.M.A.* [Sept. 7] 1957.)

* * *

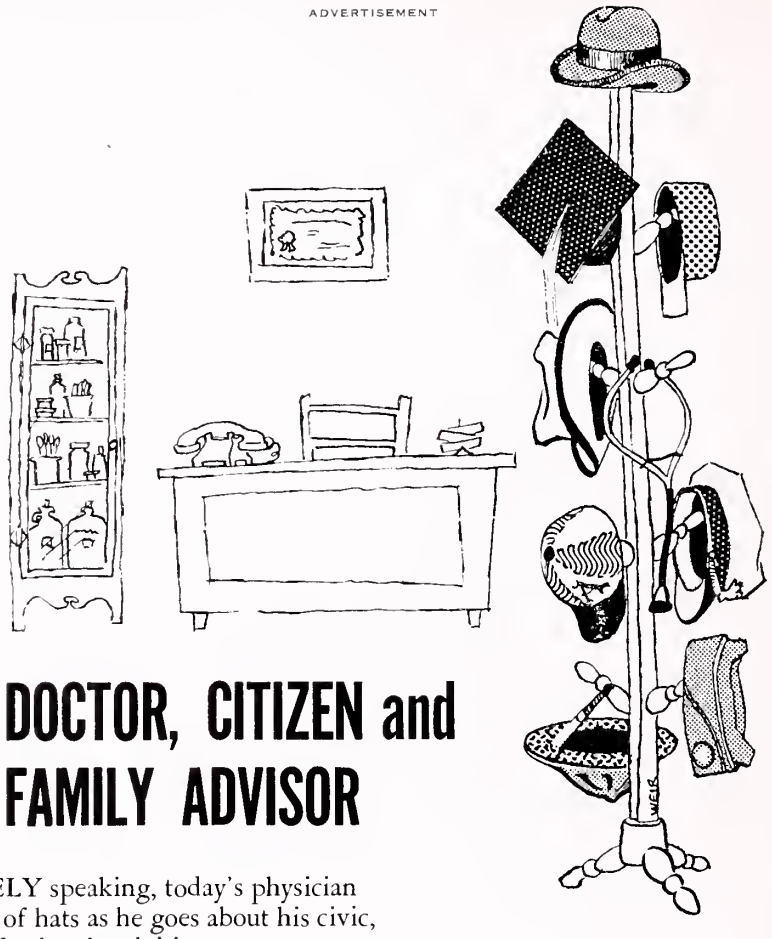
Myocardial infarction does not cause **cardiac enlargement** as measured by fluoroscopy or chest film. Out of approximately 500 post-infarction patients examined, only two per cent developed enlarged hearts. All patients comprising the two per cent were in congestive heart failure. (*Am. J. Med. Sci.* [Aug.] 1957.)

* * *

Flu vaccine may best be administered **intradermally** rather than subcutaneously according to Dr. Louis Tuft, who, incidentally, first advocated the use of typhoid vaccine intradermally in 1931. Dr. Tuft reported that investigators had found antibody levels approximately the same with the ID dose as with the sub Q dose. This, of course, means that the existing supplies of flu vaccine would go ten times as far if used into the skin rather than beneath the skin, with a dose of only 0.1 cc as compared to 1 cc. Incidentally, the above also appears to hold true for polio vaccine. (*Time* [Sept. 30] 1957.)

FRED I. GILBERT, JR., M.D.

ADVERTISEMENT



DOCTOR, CITIZEN and FAMILY ADVISOR

FIGURATIVELY speaking, today's physician wears a variety of hats as he goes about his civic, social, and professional activities.

HE is called upon for many things . . . not the least of which is advice on medical care prepayment programs.

YOUR patient will be well-advised when you recommend HMSA, the doctor-sponsored medical plan for Hawaii. The many benefits in terms of service, not dollars, protect against rising costs. Non-profit operation cuts administrative costs to an amazing low, thereby returning more of the member's dues dollar than any other coverage can possibly do. Protection provided by these HMSA Plans can stay with the member through job changes, marriage, moving away, advancing age and heavy use of benefits, thus assuring real security.

WHENEVER you don the hat of "family advisor," remember that the best counsel in health care prepayment is H-M-S-A.

MEDICARE—
THE FIRST SIX MONTHS

The costs applicable to administering the Medicare contract for the period December 7, 1956, to June 30, 1957, have recently been audited by the Army Auditing Office and from preliminary reports received, all aspects of the *non-profit contract* have been correctly and successfully fulfilled by HMSA in its capacity as Fiscal Administrator for the program.

HMSA absorbed the Medicare program within the framework of its existing structure, and the results showed that administrative costs were kept to a minimum. The Association was happy to assume the work load for this program as an additional service to the medical profession of the Territory.

Blue Shield Plan® for Hawaii

HAWAII MEDICAL SERVICE ASSOCIATION

Book Reviews

Tumors of the Skin.

By Herbert Conway, B.S., M.S., M.B., M.D., F.A.C.S., 267 pp., $13.50, Charles C. Thomas, 1956.

The author's purpose in writing this monograph is to provide a ready reference text describing the various types of skin tumors, benign and malignant. He considers clinical characteristics, growth factors, frequency of occurrence, and various treatment methods. Certain common tumors have received greater emphasis than others. In addition, certain subcutaneous tumors intimately associated with skin tumors have been included. Although treatment emphasis is surgical, the other techniques of treatment are nicely outlined.

The book is generously illustrated with photographs and drawings of specimens as well as operative techniques. The latter drawings are intended to act as guides to experienced surgeons who may be called upon to manage the various tumors of the skin.

This reviewer read the book in its entirety. It is his opinion that the author accomplished very beautifully his purposes: (1) To outline the various clinical aspects of benign and malignant skin tumors, and (2) To provide an understanding of surgical methods to those who might otherwise consider the tumors to be outside the scope of excisional surgery.

GROVER H. BATTEN, M.D., F.A.C.S.

Occupational Therapy Principles and Practice (2d Edition).

By William Rush Dunton, Jr., M.D., and Sidney Licht, M.D., 373 pp., $8.00, Charles C. Thomas, 1957.

This is a good guide and source book for physicians and others in allied professions. It is informative, covering a wide range of subjects. The use of occupational therapy as applied to various types of disabilities (mental and physical) is discussed throughout the book quite adequately. This book will help physicians and others to understand and increase their knowledge of occupational therapy. Are all possibilities considered in rehabilitating a patient? This is a question one should ask himself. The authors have discussed the objectives and possibilities of occupational therapy in helping and teaching a patient to help himself; to become independent; to be an asset to his family and community.

ESTHER P. CASTLE, O.T.R.

Essentials of Fluid Balance.

By D. A. K. Black, M.D., F.R.C.P., 127 pp., $3.75, Charles C. Thomas, 1957.

This book lacks the clarity common to so many English authors, but, here and there, the customary cleverly amusing usage of the English language does appear. Although the text is small, yet—as in so many works on fluid balance—the author loses himself and the reader in the labyrinth of discussion and explanation. There are too few accompanying explanatory tables, charts, etc., to aid the reader.

Nonetheless, the reader will find several "pearls," though the more or less advanced student of body electrolytes will find it more absorbing than the average busy physician. It does not appear to be a needed volume on the shelf of the busy practitioner.

ROBERT G. DIMLER, M.D.

Practice of Medicine.

By Jonathan Campbell Meakins, M.D., 1,916 pp., illus., $16.00, C. V. Mosby Co., 1956.

The author has selected a capable group of associate editors. He has succeeded in arranging the material to maintain his aims of a "Correlation of the anatomic, physiologic, emotional, and environmental whole." It is very readable and has more than the usual number of illustrations for a medical text, including one in color. The information on chemotherapy and antibiotics is as up-to-date as can be expected in a textbook. This book should be excellent for students as well as the practicing physician for reference or casual perusal.

R. F. BAILEY, M.D.

Progress in Radiobiology.

Edited by Joseph S. Mitchell, Barbara E. Holmes, and Cyril L. Smith, 557 pp., illus., $12.75, Charles C. Thomas, 1956.

This book contains summaries and brief discussions of papers presented at the fourth International Conference on Radiobiology held in Cambridge, August 14 to 17, 1955. Very few of the reports are of statistical significance, their conclusions being based on too few basic data. The discussions occupy much space but do not add much of a worthwhile nature in most instances. It is unfortunate that such a rush is made to get into print rather than extensive and patient labor continued to the point of proven value before thrusting it upon the overburdened literature of today.

A. O. HAFF, M.D.

General Urology.

By Donald R. Smith, M.D., 328 pp., illus., $4.50, Lange Medical Publications, 1957.

This book is well delineated by numerous excellent drawings, selected x-rays, and other illustrations. Although it was written for the medical student and medical practitioner who has not specialized in urology, it will also prove useful for those who seek a working knowledge of the management of genito-urinary disorders in their practice. It combines both practical and theoretical aspects of urology. Bibliographic information and selected references to recent urologic literature have been appended to the appropriate chapters. The print, although small, is distinct.

EDMUND ING, M.D.

The Compleat Pediatrician.

By W. C. Davison, M.D., and Jeana Davison Levinthal, M.D., 257 pp., $4.25, Seeman Printery for Duke University Press, 1957.

For the busy general practitioner and pediatrician, this book serves as a speedy reference and an invaluable guide to pediatric care. The last two chapters on antibiotics and chemotherapeutic agents and drugs and prescriptions are most needed. This book serves as a battery of experts in the consultation room. Its small volume and flexible cover permit easy carrying in the coat pocket or medical bag.

H. Q. PANG, M.D.

(Continued on page 184)

Notes and News

DOCTORS

On Television

Four Honolulu physicians were featured on KONA-TV on the subject of *Alcoholism—A Disease.* The participants included **Drs. Thomas S. Min, Fred M. K. Lam, Jr., Pershing Lo** and **Fred I. Gilbert, Jr.**

The Hawaii Medical Association on August 25, 1957 also presented a television program entitled *First—A Physician.* This program was concerned with the story of how radiologists assist in diagnosis and treatment.

New . . .

. . . internists

Dr. Patrick Lai announces the opening of his office at 1415 Kalakaua Avenue with practice limited to internal medicine. Dr. Lai is a 1953 graduate of Creighton University. He interned at The Queen's Hospital and served a residency at Baylor University Hospital, Houston, Texas.

Dr. Francis K. H. Won announces the opening of his office for the practice of internal medicine at 1531 South Beretania Street. Dr. Won is a 1948 graduate of Creighton University School of Medicine. He interned at Mercy Hospital in Chicago, served in the Army in 1952 to 1954, and served a residency at the Veteran's Hospital, Los Angeles, California.

. . . otologist

Dr. Barton R. Becker announces the opening of his office at 403 Continental Building with practice limited to ear, nose and throat, and plastic surgery. Dr. Becker is a 1951 graduate of the University of Southern California. He served a residency at the New York Eye and Ear Infirmary, and was associated with Straub Clinic for a year.

. . . location

Dr. Kwan Heen Ho announces the removal of his office to 63 South Kukui Street.

. . . M.D.

Dr. Donald Yamaguchi of Wailuku, Maui, graduated from Harvard Medical School last June.

. . . bride-elect

Dr. Joeli Espejo's engagement to **Dr. Adrian Verwoerdt** has been announced. Dr. Espejo is associated with the anesthesia department of Kapiolani Hospital. The wedding is planned for January.

. . . associations

Dr. Arno J. Mundt announces his association with Drs. Bell and Bell, Room 405 Dillingham Building, with practice limited to obstetrics and gynecology. Dr. Mundt is a 1952 graduate of the University of Wisconsin School of Medicine. He interned at Cottage and County Hospital, Santa Barbara, California. He served a residency in obstetrics and gynecology at the King County Hospital, affiliated with University of Washington, Seattle, Washington.

Dr. Allen W. Young announces his association with Dr. Edmund Lee in general practice at the Chang-Lee Clinic, 1481 South King Street. Dr. Young is a 1956 graduate of Creighton University. He interned at The Queen's Hospital, Honolulu. Dr. Young is married and has two children.

Returning Kamaainas

Dr. Marquis Stevens announces the resumption of his practice at the Fronk Clinic. While in New York, Dr. Stevens attended the meetings of the American Medical Association.

Dr. Clifford Druecker announces his return to practice. During his absence, he attended the Cook County Graduate School of Medicine.

Dr. Sam Allison announces the resumption of his practice. Dr. Allison also spent a month at the Cook County Graduate School of Medicine in Chicago.

Dr. Richard K. C. Lee returned from Hong Kong where he served as United States delegate to the Western Regional meeting of the World Health Organization.

Dr. R. B. Cloward announces the resumption of his practice following his trip to Europe.

Dr. and Mrs. J. Warren White returned in October from a trip around the world. Dr. White was invited to speak before medical groups in India and Spain.

Addressed . . .

. . . nurses

Drs. Ira D. Hirschy and **Isaac A. Kawasaki** spoke on Hospitals At Times of Atomic Disaster.

Dr. Leo Bernstein spoke on Casualty Stations.

. . . the public

Dr. Douglas M. Kelly of California gave an address entitled Youth and Crime, From Nuremberg to Hawaii. The speech was sponsored by the Mental Health Association of Hawaii and the Oahu Health Council.

. . . Rotarians

Dr. M. H. Li addressed the Rotary Club of Honolulu. His subject was A New American Philosophy.

. . . psychiatrists

Dr. Robert Kimmich addressed the International Congress of Psychiatry in Zurich, Switzerland, on the subject of Ethnic Factor in Schizophrenia.

New Officers . . .

. . . Hawaii Heart Association

Drs. Fred I. Gilbert and **Kikuo Kuramoto,** to serve as Vice Presidents; **Dr. George H. Mills,** for the position of Secretary; **Drs. Bernard W. D. Fong, Masato M. Hasegawa, John Bell,** to serve on the Board of Trustees.

HENRY HOMER HAYES, M.D.
1881-1957

Two inherent characteristics of the late H. Homer Hayes, M.D., decreed that he should be remembered with respect by his fellow practitioners and affectionate gratitude by the underprivileged people of Hawaii whom he chose to serve as "family doctor" during most of his 51 years' residence in the Islands. One of these was a natural aptitude for diagnosis that verged on genius. The other was an abiding conviction that a physician's time belonged to his patients without regard for the hands of a clock, the day of the week or their financial condition. He was beloved by those whom he attended and more often rewarded in that medium than in another more readily expendable, and he liked it that way.

Homer Hayes was born to Henry S. and Amy Campbell (McCleod) Hayes at San Francisco in January, 1881. He died in Honolulu at The Queen's Hospital, which he had served as its first intern in 1906, on August 13, 1957. He is survived by his widow, Flora, who has had a distinguished career in Hawaii's Legislature and other public service, and his son, Homer A. Hayes, formerly in Territorial service on the Island of Hawaii, and now a resident of Honolulu.

Following graduation from Cooper Medical College, now Stanford University's School of Medicine, in 1906, Dr. Hayes came to The Queen's to intern. Abandoning an intention to return to the Mainland to practice, he became a government physician in Honolulu, later being transferred to Molokai as government physician and physician for the American Sugar Company.

He married the daughter of the late Judge S. W. Kaai, of high chief rank, at South Kona, Hawaii, January 6, 1914, and in the following year returned to Honolulu to establish a private practice. He remained in practice here until a few years ago, when ill health caused his retirement. During his final years he divided his time between his Honolulu residence and a beach home on the Kona Coast of the Big Island.

THOMAS M. MOSSMAN, M.D.

. . . Hawaii Cancer Society

Dr. W. Harold Civin, Vice President; **Drs. Sam D. Allison, Harry L. Arnold, Jr., Grover H. Batten, Edgar S. Childs, Thomas F. Fujiwara, Clifford K. Kobayashi, Shizue Kuramoto, Philip J. W. Lee, J. M. Marnie, Frank C. Spencer, I. L. Tilden, A. Leslie Vasconcellos, Samuel L. Yee,** members of the Board.

. . . athletes

Dr. Barney Iwanaga has been elected President of the Hawaii Amateur Athletic Union.

Dr. Richard You was elected delegate to the National Amateur Athletic Union as well as to the National Board of Governors.

Winner

Dr. Marie Faus was one of the winners of the first annual Honolulu Advertiser Shoppers Sandwich Sweepstakes.

NEWS

News from Around the World . . .

The Herman and Ruth Goodman Foundation will award study grants and scholarships for the **advancement of dermatology.** Initial correspondence should be addressed to The Herman and Ruth Goodman Foundation, Inc., 18 East 89th Street, New York 28, New York.

The American Goiter Association again offers the Van Meter Prize Award of $300.00 and two honorable mentions for the best **essays** submitted concerning original work **on problems related to the thyroid gland.** The competing essays may cover either clinical or research investigations, should not exceed 3,000 words and must be in English. Duplicate typewritten copies, double spaced, should be sent to the Secretary, Dr. John C. McClintock, 149½ Washington Avenue, Albany 10, New York, not later than February 1, 1958.

The Fifth International Congress on Diseases of the Chest, sponsored by the American College of Chest Physicians, will be held in Tokyo, Japan, September 7-11, 1958. The Congress will be presented under the Patronage of the Government of Japan and the Japan Science Council. The Congress has been endorsed by the Japan Medical Association. For additional information please write:

Dr. Jo Ono, Secretary General, Fifth International Congress on Diseases of the Chest, School of Medicine, Keio University, 35, Shinanomachi, Shinjuku, Tokyo, Japan.

Mr. Murray Kornfeld, Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

* * *

The Department of Pathology of New York University Bellevue Medical Center has been awarded approximately $450,000 for a five-year period to train physicians for **research and teaching careers in pathology.** There are eight research fellowships available for trainees at the level of **assistant resident.** The stipend ranges from $3,600 to $4,500 yearly. In addition, two senior fellowships are available. Further information may be obtained by writing: Office of the Dean, New York University College of Medicine, 550 First Avenue, New York 16, New York.

* * *

The Sister Elizabeth Kenny Foundation announces a continuance of its post doctoral **scholarships** to promote work in the field of **neuromuscular diseases.** Kenny Foundation Scholars will be appointed annually. Each grant provides a stipend of from $5,000 to $7,000 a year for a five-year period. Inquiries concerning details should be sent without delay to: Dr. E. J. Huenekens, Medical Director, Sister Elizabeth Kenny Foundation, 2400 Foshay Tower, Minneapolis 2, Minnesota.

(*Continued on page 174*)

County Society Reports

Kauai

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, August 6, 1957, at 7:35 P.M. at the Wilcox Memorial Hospital Library by Dr. Wade. Visitors were Dr. DeJesus and Dr. V. Boido. Invited guests were Mr. E. Katano of Veterans Administration Office and Dr. H. E. Bowles.

Dr. Wade made a report regarding Salk Vaccine as described to him by Caroline Patterson. She was rather anxious to have an educational program put on regarding use of Salk Vaccine with the possibility of later lowering the charges of $3.00 for administration of the vaccine. No action taken.

Dr. Boido objected to the type of propaganda which was being passed out. A vote was taken regarding this type of propaganda regarding Salk Vaccine. Four voted that they did not object to this type of propaganda, two did object, and three did not vote.

Mr. Katano, an assistant to the administrator in the Veterans Administration Office, spoke regarding a few changes which have been made for reporting to the V.A. and the sending back of the authorization for hospitalization or treatment.

New cancer history form was discussed but disapproved by all members.

The meeting was later turned over to Dr. H. E. Bowles who spoke on the "common obstetrical complications." He listed about nine common complications and spoke on each one of them.

* * *

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, September 3, 1957, at 7:45 P.M. at the Wilcox Memorial Hospital Library by Dr. Wade.

Visitors were Dr. Norman Sloan and Dr. Jens D. Henriksen, and Robert Kahn, medical student.

A letter from Miss McCaslin was read regarding a fund to be established to be used to aid the physicians and their dependents. It was suggested that a $25,000 minimum money be raised by some means to help with this fund. It was asked that the number of physicians, physicians' widows, and physicians' dependents on Kauai be turned over to Miss McCaslin. No other action taken on this matter at the present time.

A letter from Dr. Cloward was read, stating that he expects to be on Kauai at his regular next meeting time which is the third Wednesday.

A letter from AMA was read regarding Asiatic flu. It was strongly recommended that many key people be inoculated against Asiatic flu even though we have just experienced an epidemic of this disease. It has been suggested that the presidents of the county societies, with the Board of Health, work out a priority group who should be given the vaccine first. This ended the business meeting.

The meeting was then turned over to Dr. Sloan and Dr. Henriksen who spoke at length on rehabilitation of cardiovascular accident patients. The general idea of Dr. Sloan's talk was that some plan should be made for a quick rehabilitation of the cardiovascular accident patients and he suggested that a nurse from each hospital on Kauai be sent to the rehabilitation center for training with this purpose in mind. Apparently Congress has voted a considerable sum of money for rehabilitation; $10,000 being the share to Hawaii.

Dr. Henriksen gave an outline of the work of the rehabilitation center in Honolulu and also the help that they might be able to give to the outside islands.

* * *

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, October 1, 1957, at 7:35 P.M. at the Wilcox Memorial Hospital Library by Dr. Wade.

Dr. Kim reported on the 1957 Diabetic Survey.

There was a great deal of discussion of the irregular billings by four doctors. After much discussion regarding the inspection of medical records, Dr. Kim made a motion that whenever an audit is to be made by the HMSA of a doctor's records that these medical records be made by an M.D. and that lay members of the HMSA not be allowed to inspect the medical records. This motion seconded by Dr. Boyden and passed.

Dr. Cockett reported for the Disaster Committee that outside islands should make plans independent of Oahu.

Dr. Goodhue reported on Medicare Program.

A letter from Miss McCaslin was read regarding a polio campaign. It was moved by Dr. Cockett and seconded by Dr. Masunaga that County PTA be apprised of the policy that the medical society favored as many adults and children having polio vaccine as possible.

Dr. Wallis brought up a question of a doctor from Switzerland coming to Kauai to help in his office practice. After some discussion, Dr. Boyden moved the Kauai County Medical Society go on record as favoring having this man from Switzerland come to work with Dr. Wallis. It was seconded by Dr. Kim and passed.

Application of Dr. Boido's admission to the Kauai County Medical Society was approved and passed unanimously.

Dr. Boido raised the question as to the type of influenza we had during the recent influenza epidemic. He stated he sent nine specimens and reports came back as follows: 3 Asian Type Influenza; 3 Influenza, Type A; 3 No Influenza.

SAM R. WALLIS, M.D.
Secretary

Maui

The regular meeting of the Maui County Medical Society was called to order by Dr. Ferkany at the Haliimaile Dispensary Conference Room on April 16, 1957.

Guests present were: Dr. Allison of Honolulu, Dr. Willet of Honokaa, Dr. Reichert, and Dr. Good.

Dr. Ferkany, the presiding officer of the evening, thanked Dr. Burden, Dr. Reichert, Mr. and Mrs. J. Walter Cameron, Mr. and Mrs. Henry Baldwin, Mr. and Mrs. Eugene Sheffield for inviting the Maui County Medical Society to the Haliimaile Dispensary open house reception and dinner.

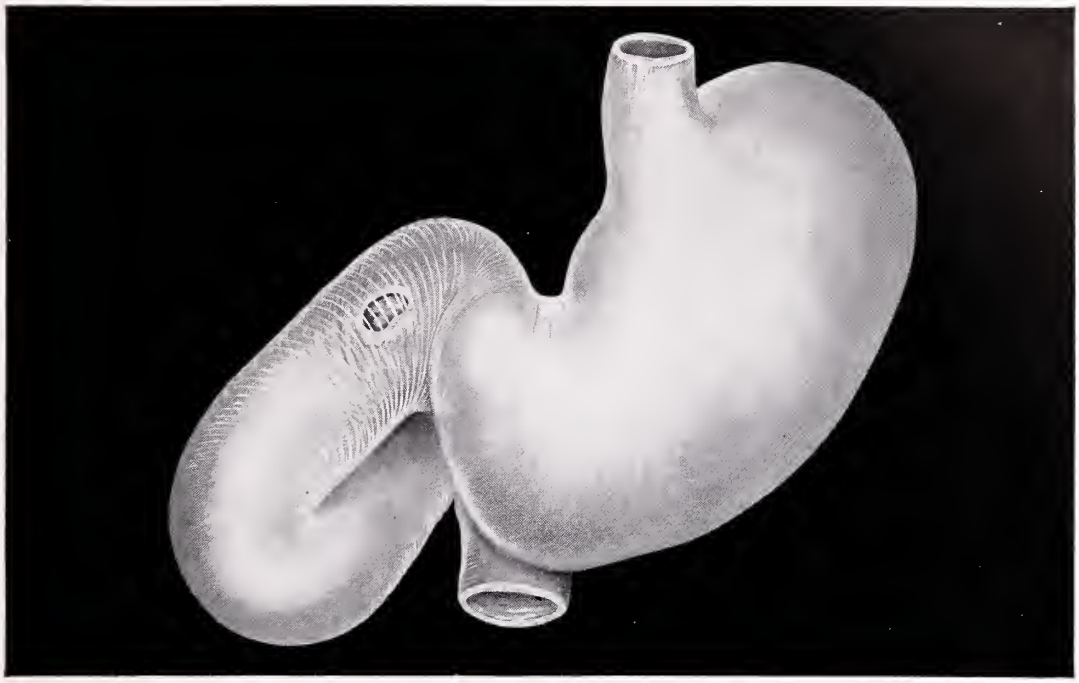
Dr. Ferkany introduced the speaker of the evening, Dr. Reichert, who gave a very historical lecture. His subject, "400 Years of Anatomy," was enjoyed by all.

* * *

A special meeting of the Maui County Medical Society was held on May 10, 1957. Cocktails and dinner at the Central Maui Memorial Nurses' Home were enjoyed together with the Woman's Auxiliary.

(*Continued on page 178*)

CONFIRMED THERAPEUTIC UTILITY



Pro-Banthine® "proved almost invariably effective in the relief of ulcer pain,

*in depressing gastric secretory volume and in inhibiting gastrointestinal motility."**

"Our findings were documented by an intensive and personal observation of these patients over a 2-year period in private practice, and in two large hospital clinics with close supervision and satisfactory follow-up studies."*

Among the many clinical indications for Pro-Banthine (brand of propantheline bromide), peptic ulcer is primary. During treatment, Pro-Banthine has been shown repeatedly to be a most valuable agent when used in conjunction with diet, antacids and essential psychotherapy.

Therapeutic utility and effectiveness of Pro-Banthine in the treatment of peptic ulcer are repeatedly referred to in the recent medical literature.

Pro-Banthine Dosage

The average adult oral dosage of Pro-Banthine is one tablet (15 mg.) with meals and two tablets at bedtime.

G. D. Searle & Co., Chicago 80, Illinois.
Research in the Service of Medicine.

*Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: Pro-Banthine in the Treatment of Peptic Ulcer. A Clinical Evaluation with Gastric Secretory, Motility and Gastroscopic Studies. Report of 60 Cases, Am. J. M. Sc. *232*:156 (Aug.) 1956.

SEARLE

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

ROSIE CHANG, *Editor*

DORIS GREGORY, *Associate Editor*
NORA SHIROMA, *Associate Editor*

ANNE CAMARA, *Associate Editor*
MILDRED KIM, *Associate Editor*

OLIVE C. PRIDGEN, *Executive Secretary*



NADO MEMBERSHIP COMMITTEE B. Chang

Left to right, seated: Genevieve Kelley, Irene Takishima, Chairman, Ruth Thurman, Mamie Murakami. *Left to right, standing:* Lawrence Katsuyama, Jean Inouye, Leona Adam, Evelyn Young, Jean Grippin, Martha Jones.



NADO PROGRAM COMMITTEE B. Chang

Left to right: Jean Grippin, Anne Camara, Dorothy Parsons, Doris Beccio, Elsie Smith, Chairman.



Advertiser photo

OAHU NURSES MODEL OLD AND NEW UNIFORMS

Left to right: Miss May Bowron wears a 1906 Palama public health model; Miss Lucile Otto shows her 1918 army nurse's uniform with her decorations; Mrs. Alice Scott wears a 1930 graduation model which featured the low waist; Miss Nancy Oshita models a modern uniform; and Miss Betty Siu wears a student nurses' model of St. Francis Hospital.

Featuring Oahu Nurses

OAHU ON REVIEW

Nurses of the District of Oahu are among the hardest working, busiest, and most versatile people. In spite of much responsibility they find time to travel, further their education, and help people in other countries. For example in 1956, four Oahu members attended the Biennial. During the past year Alison MacBride and Agnes Peterson attended workshops or institutes in Disaster care in Civil Defense. Together with Sister Laurine, who attended a workshop in Disaster Nursing a year ago, these nurses are the Nursing Disaster Committee for the Territory of Hawaii and are setting up programs all over the Territory to prepare nurses for their role in Civil Defense.

Miss Virginia Jones, on sabbatical, is working on a WHO consultant team in the Far East. Millie Larson, industrial nurse, and Leona Rubbelke, consultant nurse, attended the ICN, at Rome. Mrs. Flora Ozaki has recently returned from New York where she helped set up Testpool questions for Obstetrical Nursing. Mrs. Wilma Amalo, from The Queen's Hospital, is furthering her professional education through a Federal Scholarship. Eleanor Matsumoto, by participating while she was a student, is the first Island nurse to take advantage of the Armed Service Traineeship. She is now receiving postgraduate training at Walter Reed. The 1956 president of the Student Nurses Association, Audrey Lum, was the only nurse from Oahu to attend the National League Meeting this year, and act as delegate.

Miss Virginia Jones attended the first meeting of the Western Council on Higher Education for Nurses and Mrs. Eleanor Apo attended Institutes on Nursing in New York, Missouri, California, and the Conference of the Western Hospital As-

sociation. These are but a few of the nurses who are participating in challenging activities here and abroad.

The Oahu Association also has the opportunity to associate and work with nurses from the Armed Forces.

The Nurses Association of the District of Oahu was organized May, 1917, with 16 members present and by the second meeting 57 attended. The November meeting this year will be a buffet supper to celebrate the 40th anniversary at which time charter members will be introduced and their accomplishments reviewed. Members who attended the NATH convention and the ICN in Rome will give reports and show slides.

Other meetings are designed for fun. For example, the June meeting, which has become an annual affair to honor graduating seniors, included a speaker from Models Hawaii. The December meeting has become our annual Christmas party and includes gift giving to Hale Mohalu. This year there will be a Christmas Story and singing. Daddy Bray will tell of Christmas in early Hawaii and play his drums.

Student nurses and L.P.N.'s are always made welcome at our meetings.

LEONA RUBBELKE, R.N.

OAHU FACILITIES

The District of Oahu, in comparing itself with the other nursing districts, finds itself in the lucky position of being in the center of traffic to and from all parts of the world, and in the center of the population in the Territory. As a result, the Nurses Association, District of Oahu, has been fortunate in having the largest number of members in any of the district associations. Our membership totals approximately 450, but the goal of the membership committee is 700, because there are many more nurses who are working in institutions and private offices on the island who are not members.

We are fortunate in having the use of the Mabel Smyth Building. Our district meetings have been held in the auditorium of this building, while many of the smaller planning meetings are held in the lounge, the lanai, or the stage room. Nurses who belong to the Association have the privilege of borrowing books from the library. The building has even been used for dinner meetings and teas. Needless to say, this building has been a favorite meeting place for most of the nurses who find its central location very convenient.

HSNA! What's that? Why the Hawaii Student Nurses Association! The three schools of nursing in the Territory are located on Oahu. These are the University of Hawaii School of Nursing, the St. Francis Hospital School of Nursing, and The Queen's Hospital School of Nursing. Being a part of an association which has a national organization, the students soon become familiar with nursing organizations! Lucky NADO! One of our annual projects is the honoring of the graduating students of the three schools of nursing. In this way students become interested in joining their district associations after graduation. However, even before graduation the students have participated in some of the Association's activities; many of them have been invited to attend our district meetings for the interesting programs offered. Many of them, also, have been on one or two of our programs as entertainers. The schools of nursing are gold mines as far as talent is concerned, and NADO is in the middle of this!

Having trouble with programs? This is always a problem, but one which is rather slight here on Oahu. The island's industrial plants, schools of nursing, health department, schools, social and health agencies furnish many resource people who are experts in their fields. Just a telephone call or two after the program committee has decided on a topic, and the problem is solved. Oversimplification of the problem? Perhaps, but we on Oahu are indeed fortunate in many ways. Those mentioned here are only a few of our blessings and you can be sure we count them every chance we have!

HAZEL KIM, R.N.

NA ANELA O KE ALOHA I LOKO O NA MAKAHIKI HE KANAHA I HALA AE NEI*

Reviewing nursing forty years ago seems to be a timely subject since similar occurrences are present in nursing today. There was a "nursing shortage" in April of 1917 when America suddenly entered the war; and if it hadn't been for the well-organized American Red Cross Nursing Service under the able direction of Jane Delano, the Army and Navy Nursing Corps would not have expanded so rapidly. Miss Delano had carefully selected nurses who were then turned over to the military personnel.

"Shell Shock" was a new type of nursing problem. Today we refer to similar disturbances as "occupational fatigue" with emphasis on nursing in mental health. The outcome of World War I in this field was the study of psychiatry and mental hygiene.

In 1917 the influenza pandemic took the lives of 15,000,000 people both in the Army and around the world in record time but more than "eighty days." The virus was not isolated, however, until

* Literal translation: The angels of mercy caring for the sick 40 years back. (There does not seem to be a word for "nurse" in Hawaiian.)

about 1932. In 1957 we have the same fear with the Asian flu virus. It is a known factor that this flu might be caused by anyone of the four isolated strains: A, B, C, and D with even subgroups to the A and B strains. While there were more deaths 40 years ago, one in every four died, the mortality rate is lessened now to a considerable degree due to the introduction of antibiotics which combats the complications of influenza. Nursing the flu cases in 1917 consisted of "isolation and constant burning of articles." Today, bedrest, chemotherapy and the vaccine that the World Health Laboratories discovered offers a "good line of defense."

Then there were those pneumonia cases! The very nursing care seems complicated to us. First, the patient was placed in isolation; inhalation therapy was started along with oil rub-downs followed by pneumonia jackets. This treatment was alternated with mustard plasters and the patient was placed in an upright, sitting position to alleviate the embarrassed respirations. The disease ran a course from seven days to two weeks while the physician sat at the bedside during the "crisis" period. Aspirin, whiskey, expectorants, and stimulants were about the only medications given other than urging the fluid intake. Today a "typical" case is rarely found. A patient with the disease pneumonia, is given bedrest, administered antibiotics, and in severe cases may have oxygen therapy.

In comparing the years of nursing care in these few instances, we have learned from our older sisters that the problems are much the same and certainly the same care can be a challenge for our little sisters tomorrow.

SR. M. LAURINE

26th Annual Convention

The Nurses Association Territory of Hawaii

October 3 to 6, 1957

Hilo, Hawaii

PRESIDENT'S ADDRESS

It is traditionally the privilege of the president to give the opening address at our annual meetings. I regret that this year I must be the invisible member, and send my greetings to this group by proxy. As children, we had an old saying "If wishes were horses, beggars could ride," but I'm afraid I couldn't reach Hilo any better by horseback than I seemed to be able to by our more modern methods of transportation.



LYNNE WIGEN, *President*

Scanning the program gives you a preview of the job we have cut out for ourselves. Our convention theme "Improving Nursing for Tomorrow" permeates all group discussions, section activities and formal addresses; and demands thoughtful action and participation on the part of everyone of you seated here this morning.

To give us guidance, and to coordinate some of our activities we have with us Miss Judith Wallin, Assistant Executive Secretary of ANA. We expect to call upon you, Miss Wallin, many times during the next few days to share with us your wide experiences in this area of improved nursing, and to draw upon your knowledge for counsel on specific problems affecting our organization's attempts to assure the ultimate goal of the best of nursing care for everyone in our Islands.

As some of you remember, Mrs. Whitaker, who visited us from ANA last year, had a first name of Judith, "Judy" to many before she left. It would seem Hawaii is annexing the ANA Headquarters staff "Judith-by-Judith!"

Our Association has made steady progress this past year in most of the areas designated for attention at our Twenty-fifth Annual Meeting. At that time, as you recall, considerable discussion was devoted to the matter of our INTER-ISLAND NURSES' BULLETIN, and the *Newsletter*. These problems seem to have been satisfactorily solved. It is the belief of your president that our communications have been markedly improved. Mrs. Rosie Chang, with her Associate Editors for the BULLETIN, and Mrs. Olive Pridgen as Editor for the *Newsletter* are to be commended for a job well done.

The essential activities of the committees, both standing and special, the officers and the districts, appear in your Annual Report. This handsome,

blue covered manual you should now have in your possession. I charge you to read this carefully. The brevity of some of these reports in no way reflects the amount of work done by these individuals, or groups. If you have read your BULLETIN and your *Newsletters*, and I hope you have, you will have additional background information not contained in the Annual Report.

Because we have had considerable information available to us through the above mentioned media, it is unnecessary to discuss some of our projects in any detail. A few perhaps should be emphasized at this time.

The Territorial Committee on Disaster Nursing, was named by the NATH Board in June, 1956. Under the able leadership of Sister Mary Laurine this committee, described by our past president as "one of the most important committees of our Association at this time," has gone forward with definite plans for action to include ultimately all nurses in the Islands, and by example, has encouraged other interested groups to participate in similar plans.

The House of Delegates last year adopted two resolutions in support of legislative matters. To promote favorable action, the Legislative Committee, together with many of you, spent a tremendous amount of time studying proposed legislation and speaking with legislators and other interested people not to mention the endless hours devoted to appearing before specific legislative committees holding preliminary hearings on the bills to be presented. We were not so successful in all phases of this program as we might have wished, but even small gains can be a source of some gratification.

Another year is coming up which is vital in many respects to NATH and its legislative program. Your president was asked to appoint a special committee to study the present Nursing Practice Act, and to draft a revision for presentation to the membership at this convention. This revision is now ready for your consideration, discussion, and recommendations. I urge you to give this matter thoughtful attention in your section meetings and at the panel discussion. Further, I urge you to take active steps in the coming year to assure that every nurse shall be adequately informed concerning the issues involved, the purposes of the act, and our reasons for the suggested changes. Bear in mind this legislation is essentially for the protection of the public, a means taken to insure that competent and safe nursing care shall be available wherever and whenever needed.

Let us remember the first step toward accomplishing any legislation of interest to nursing is to be sure every nurse, whether a member of this Association or not, is adequately and accurately informed. Nothing is more detrimental than the uninformed, misinformed, or indifferent person. It is not mandatory that you agree with all proposals, but it is your obligation to know what the issues are and to pass this information on to others who may in any way be affected by such legislation.

Since the improvement of nursing involves increased quantity, as well as quality, it is gratifying to read of the activities of our districts in promoting an interest in nursing as a career. Your contacts with high school students, cooperation with the representatives of the Careers' Committee of the League, and the awarding of scholarships all help to increase the numbers of qualified applicants entering schools of nursing. Perhaps in the long range plan it also helps in the next matter I should like to mention—that hardy perennial, dear to my heart, membership—or lack of it!

I am sincerely concerned about the membership of NATH. You will note in the report submitted by the Executive Secretary for the Board for the Licensing of Nurses that over 2,000 nurses are currently licensed in the Territory, with the probability that some 1,900 are residing here. The NATH membership committee, like its counterparts throughout the districts, has worked diligently this past year, but we are still far short of the percentage of professional nurses we might reasonably expect to have as members of our Association. We have lost membership, not only in actual numbers (now 545 versus over 600 last year) but in percentages of total licensed nurses. This situation is not unique with NATH. ANA, aware of this universal problem, has set up a membership promotion plan for 1958, commonly called the "Roll Call." We have already sent our Executive Secretary, Olive Pridgen, to New York to participate in the preliminary training program for this project, and she in turn will work with your appointed representatives on this immensely important undertaking.

Individually, we should do all we can to change the oft-heard sentiment "I can't afford to belong to NATH" *to* "I can't afford NOT to belong to NATH." To do this, you have to offer a person something for his money—I believe we can! Possibly, we have put the emphasis in the wrong place. Perhaps, we should make it a privilege to belong to one's own professional organization—not an obligation. How many of our good doctor friends belong to their professional organizations? I suggest you ask them and follow your question with "Why."

I'm especially concerned over the small number of our newly graduated nurses who are members of the Association. Their membership and active

participation is vital—to them and to us. They are the leaders of tomorrow!

Many persons in nursing education grow a little weary of hearing "Why don't you teach your students the importance of being members of their Professional Organization." My only answer is—they do! The present day graduate is given the same instruction in this area as you and I were—but more so! This matter of professional responsibility is one area which has not fallen into the limbo of "integration."

In spite of the assistance of ANA through its "Roll Call" program, and the activities of our membership committees on the local level, I urge each and everyone of you to make increased membership an individual effort—your own personal responsibility.

All of the items of our program seem to have a direct bearing on our goal—"Improvement of Nursing for Tomorrow." I would only add we must remember that this Tomorrow will be upon us in approximately 15 hours! In this fast moving world of ours, Tomorrow begins Today!

Please know I shall miss being with you—the inspiration, the fellowship, and the genuine fun I have always had with all of you is my loss. I had planned to stay on for a week on our beautiful Island of Hawaii, and believe me I'm going to soon. I shall watch with great eagerness and expectation the accomplishments from this, our 26th, Annual Convention.

OAHU DELEGATE'S REPORT

Those of us who were privileged to attend the 26th Annual Convention gained much knowledge, and experience proved that nursing has succeeded in making itself known through services carried out by its members. The professional nurse has kept her eye on the most important goal, interest in the conservation of human life. With this in mind the general theme of the convention, "IMPROVING NURSING FOR TOMORROW," wove through the discussions of the four-day meeting.

Highlighting the first day's activities was a symposium on the convention theme, with business and professional people serving on the panel. Points brought out during the symposium were:

1. The shortage of nurses in the islands will be critical in a few years. We will need 300 nurses per 100,000 people in 1970. Our present ratio is 258 nurses per 100,000, but the rise in population, increased life span, and heavier demands on health services will make for a greater ratio.
2. Nursing must be made more attractive in order to recruit more students.
3. Economic status of nurses is unsatisfactory. Nurses' salaries and nursing conditions must be upgraded and commensurate with the nurses' preparation and training.
4. Nursing should be more "patient-centered" than "task-centered." There should be more "heart" in nursing.

A move to discontinue issuing Special Temporary Licenses for practical nurses in the Territory was made on the second day of the convention.

The Association will make a year's study of the problem and recommend changes to the Territorial Board for the Licensing of Nurses.

The special temporary license came into effect in 1955 to meet a need for more practical nurses. In substance, it allows practical nurses, who are not by present standards qualified, to obtain licenses and to hold them by annual renewal.

This tends to lower nursing standards in Hawaii. The Institutional Nursing Service Administrators Section of the Nurses Association will conduct the study with hopes of coming up with a solution satisfactory to the entire nursing profession.

The proposed territorial nurse income protection plan was introduced and explained to the delegates by Robert Fifield of Brainard and Black, Ltd., sponsors of the plan. The association NATH, as a service to the members, has proposed a program which provides continued income to the nurse in the event she is unable to work because of illness or an accident. Membership in the Nurses Association is the only prerequisite for participants in the plan.

Balloting for officers for the ensuing year began at 7:30 A.M. on the third day of the convention. Those elected were introduced at 10:30 A.M.

Judith Wallin, Assistant Executive Secretary of ANA and principal speaker of the convention, told nurses in the morning session that "the evolution and growth of a profession is brought about by pressures imposed by society and by the profession itself. As the population increases, the public will demand more and better health care:

1. This demand has and will increase the tempo of recruitment, education, and services.
2. It has and will open new fields in nursing, will alter the responsibilities in old fields, and will tend to enlarge and broaden nursing functions.
3. As the health care of the population has grown more complex and as the demand for the service has increased, the functions of all practitioners in the health field have changed. The physician practices techniques requiring a great deal more technical skill than in the past. Because of this, and because of the greater demand for his services, the professional nurse has assumed functions which were previously performed only by physicians. Since there has been a like increase in the demand for nursing services, it has been necessary to provide non-professional personnel to assist the professional nurse in performing nursing functions. Among these, the most outstanding groups are the practical nurse and the nurse's aide. As a result of the rapid social changes occurring in the health field, we find each group reaching up to accept

functions which were previously carried by the group above."

The need for change of the present Nursing Practice Act and suggested revision were presented to the membership in the afternoon meeting by a panel of experts. The present Nursing Practice Act is basically sound but it is in need of revision. Specific professional qualifications for Board members need to be stated, their term of office reduced, and the Board needs to be given authority in certain areas which it now lacks.

Hawaii's original Nursing Practice Act of 1917 has been amended six times. Each time a section has been rewritten or new sections have been added. In the new bill the text of the present law has been reorganized in the general form of the model law developed by the American Nurses Association as a guide to state legislation. New features considered to be desirable have been incorporated in the new bill.

A committee of the Nurses Association, Territory of Hawaii, has worked on this revision since 1956. The new bill, sponsored by the Nurses Association, Territory of Hawaii, will be ready for introduction to the Territorial Legislative Session of 1959.

The second portion of the meeting dealt with the delegates' endorsement of the Revised Curriculum Standards and Requirements for local schools of nursing as prepared by a special committee of the Board for the Licensing of Nurses.

Ten resolutions were adopted at the convention.

Social events included a cocktail party at Puumaile Nurses' Cottage, picnic at Warm Springs, Kapoho, banquet and fashion show at the Naniloa Hotel, convention headquarters.

Highlighting the last day were sightseeing trips to the Volcano district, Kona, Akaka Falls, and orchid nurseries.

ROSIE CHANG, R.N.

OFFICERS AND DIRECTORS—1957-1958



NEW OFFICERS WITH GUESTS

Left to right: Mrs. Michie Kamitake, board member from Maui; Mrs. Elizabeth Stillman, 1st Vice President, Hawaii; Miss Judith Wallin, Assistant Executive Secretary ANA, guest speaker at the convention; and Miss Margaret Barnett, member at large, Hawaii.

Officers:

President: Miss Lynne Wigen, The Queen's Hospital, Honolulu, 1956-1958.

1st Vice President: Mrs. Elisabeth Stillman, Hilo Memorial Hospital, Hilo, 1957-1959.

2nd Vice President: Mrs. Hilda Akana, P. O. Box 74, Kahului, Maui, 1956-1958.

Secretary: Mrs. Ruth Uyechi, The Queen's Hospital, Honolulu, 1957-1959.

Treasurer: Miss Leona Adam, University of Hawaii, Honolulu, 1956-1958.

Directors:

Hawaii: Mrs. Mae Marcellino, 1477 Kilauea Ave., Hilo, 1955-1959.

Kauai: Mrs. Helen MacPherson, Wilcox Memorial Hospital, Lihue, Kauai, 1956-1959.

Maui: Mrs. Michie Kamitake, Department of Health, Maui, 1957-1960.

Oahu: Miss Agnes Peterson, 3103 Oahu Ave., Honolulu, 1955-1958; Mrs. Alice Scott, Department of Health, Honolulu, 1956-1959; Miss Margaret Barnett, Department of Health, Hawaii, 1957-1960.

Section Chairman:

EACT: Miss Constance Carmody, University of Hawaii, Honolulu.

INSA: Mrs. Elaine Johnson, Maunalani Hospital, Honolulu.

GD: Mrs. Edythe Collins, 936 20th Ave., Honolulu.

IND: Mrs. Edna Baldwin, Pepeekeo Clinic, Pepeekeo, Hawaii.

PH: Mrs. Grace Smith, Kapahulu Health Center, Honolulu.

SP. Gr: Mrs. Ina Higa, Mabel Smyth Building, Honolulu.

RESOLUTIONS ADOPTED

MARGARET JONES MEMORIAL FUND

WHEREAS, There have been occasions on which it has not been possible to locate the recipient of a loan from the Margaret Jones Memorial Fund; therefore be it

Resolved, That the Margaret Jones Memorial Fund Indenture Section C (Purposes and Limitations), item 4 (b), be amended to read "That all loans shall be evidenced by negotiable notes signed by the recipient and a co-signer and all such notes shall require payments of principal to commence within not more than two (2) years and be completed within not more than five (5) years

from the date of execution thereof unless different terms are approved by the committee."

PUBLIC HEALTH NURSES' SECTION

WHEREAS, Nurses are more aware of their need to create or supplement their retirement income by personal investment; therefore be it

Resolved, That the Nurses' Association, Territory of Hawaii, request the American Nurses Association to consider providing a counseling service relative to long term investments for nurses.

NURSING PRACTICE ACT

WHEREAS, There has been prepared a proposed revision of the Nursing Practice Act; and

WHEREAS, The act which protects the high standards of nursing practice is the responsibility of the Nurses Association, Territory of Hawaii, and

WHEREAS, As individual members of this Association, each nurse represents to the public this guardianship of nursing practice; therefore be it

Resolved, That each nurse study and become familiar with the items in the proposed Nursing Practice Act and the reasons thereof; and be it further

Resolved, That each nurse be responsible for accurate interpretation to insure a well-informed public.

ROLL CALL

WHEREAS, Membership in her professional association is the mark of a truly professional person; and

WHEREAS, Membership in Nurses Association, Territory of Hawaii, has decreased this past year; and

WHEREAS, A membership campaign can succeed only through coordinated individual effort; therefore be it

Resolved, That the individual members of the Nurses Association, Territory of Hawaii, give their wholehearted support through active participation in the forthcoming Roll Call to increase membership.

ASIATIC FLU

WHEREAS, Asiatic Flu is pandemic throughout the world; and

WHEREAS, The American Medical Association, the American Hospital Association, the United States Public Health Service have undertaken to prepare the public to protect itself; and

WHEREAS, Protection against Asiatic Flu is available by vaccine; and

WHEREAS, Essential health and community service personnel should be protected; and

WHEREAS, Locally the Governor of Hawaii, the Hawaii Medical Association, the Territorial Department of Health are promoting this program therefore be it

Resolved, That Nurses Association, Territory of Hawaii, urge its members to cooperate and participate in this prevention program.

JUDITH WALLIN, AMERICAN NURSES ASS'N

WHEREAS, Miss Judith Wallin, Assistant Executive Secretary of the American Nurses Association, has contributed immeasurably to the success of this 26th Annual Convention; therefore be it

Resolved, That the Nurses Association, Territory of Hawaii, express appreciation to the American Nurses Association for providing our stimulating resource person and charming guest.

MISS ELLA BEST

WHEREAS, Miss Ella Best, Executive Secretary of American Nurses Association, after 27 years of service with ANA is retiring June, 1958; therefore be it

Resolved, That the Nurses Association, Territory of Hawaii, express sincere appreciation for her many years of valuable service and wish her happiness in her retirement.

MISS LYNNE WIGEN

WHEREAS, Lynne Wigen has served so well as President of the Nurses Association, Territory of Hawaii, for the past year, and is absent from this 26th Annual Convention because of illness; therefore be it

Resolved, That this House of Delegates wishes her to know that her presence has been greatly missed, and that the members wish her a speedy recovery; and be it further

Resolved, That the House of Delegates express their sincere appreciation for the thoughtful and inspiring message contained in the President's Annual Address.

MRS. ELIZABETH STILLMAN

WHEREAS, Elizabeth Stillman has worked so diligently toward the success of this convention and has been unable to attend because of illness therefore be it

Resolved, That this House of Delegates wishes her to know that she was missed, and that they wish her a speedy recovery.

IN APPRECIATION

WHEREAS, The following people, organizations, and firms have contributed so largely to the success of the 26th Annual Convention of the Nurses Association, Territory of Hawaii; therefore be it

Resolved, That our deep appreciation be expressed to the following:

1. The Nurses Association, County of Hawaii

for a most successful convention. A special word of thanks to: Miss Eunice Graham, General Chairman and District President, and Mrs. Elizabeth Stillman, Co-Chairman, Convention Program and Planning Committee.

2. Puumaile Hospital for the use of their facilities.
3. Miss Judith Wallin, R.N., Assistant Executive Secretary of ANA, for playing such a prominent role in making the convention a success.
4. James A. Kealoha, Chairman of the Board of Supervisors, County of Hawaii, for his warm welcome to Miss Wallin and the visiting nurses at the opening of the convention.
5. Rev. Paul Toms, Rev. Gerald Loweth, and the Very Rev. John H. Joyce for giving the invocations at the three meetings.
6. The members of the Haili Church group, the Mormon Choir group, and the St. Joseph's students for opening our meetings with singing.
7. The Presidents of the District Nurses Associations for participating in the program.
8. The Practical Nurses Association, County of Hawaii, for the flowers and the lovely orchid leis presented to the delegates and officers.
9. The Hawaii Island Planters' Association for their generous monetary contribution for a cocktail party honoring the nurses present at the convention.
10. The Hawaii Visitors Bureau for the paper leis given to the visiting nurses and for the Big Island Brochure.
11. The following territorial newspapers for their excellent coverage of pre-convention planning and convention activities: *The Hilo Tribune-Herald, The Honolulu Advertiser, The Honolulu Star-Bulletin, Maui News, Garden Isle News, Hawaii Times,* and *The Catholic Herald.*
12. The radio and TV stations for their assistance in publicizing the convention.
13. Mr. Herman Mulder, Manager of the Naniloa Hotel, for his cooperation in making the hotel a suitable convention site.
14. The merchants of Hilo for their generosity in donating space for window displays for Hawaii Nurse Week proclaimed by Chairman James A. Kealoha during the week of September 30 to October 6.
15. McKesson and Robbins, Eli Lilly and Company for table favors.
16. Brainard and Black for their exhibit and gifts.
17. Welding and Industrial Products, Ltd., for their exhibit.
18. The following for providing refreshments: Swift & Co. of Hilo, Carnation Milk Company, Alexander and Baldwin, Coca-Cola Bottling Company of Hilo, Abbott Laboratories, Love's Bakery of Hilo, and Fred. L. Waldron Company of Hilo.

Clinical and Technical

Mental Health Aspects in Public Health Nursing*

As a graduate student in Mental Health Nursing, the author found her field experience at a private voluntary agency invaluable from several viewpoints. First, she was returning to a familiar professional world after having completed a year of academic study which contributed to human understanding. Second, in eliminating the "special student's" guise and assuming the role of staff nurse to a small number of selected patients, she was not known as a specialist. This dual student-staff nurse role was helpful in areas such as staff-supervisor relationships and in an awareness of the effects of the general office atmosphere as it eventually relates to patient care. However, the most important effect of this experience was that of appreciating the mental health role of the staff nurse in public health as an integral part of her daily work. This paper is an attempt to define this role, largely through implications drawn from actual experiences in home visits.



YUKIE TAKAGI GROSS

The first impression of the writer upon donning a staff nurse's uniform and entering new home situations was the easy reception of the nurse by most families. This is not unusual; the nurse is well recognized in the community as a "helping" person. As such, she has the unique position of having a special psychological and sociological closeness to her patients.

Few home visits provided ideal conditions

* This article was taken from a paper written by Yukie Takagi Gross, Mental Hygiene Nursing Consultant, Division of Mental Health, Department of Health, Territory of Hawaii.

for continuous, uninterrupted interviews. The principles and methods of interviewing were at all times helpful in establishing and maintaining relationships with patients. These interviewing "skills," well known to many other workers and frequently used unconsciously by nurses, are those of sympathetic, observant listening with a conscious directing of the visit to fuller understanding. This type of approach does not mean that the nurse gives up her function as a health teacher, but rather it serves to reinforce it by giving her clues which indicate when such teaching will be usably accepted and helpful to her patients. Sometimes the actual help the patient is seeking is not within the scope of the nurse's function and she will need to utilize her skills further to guide the patient to the appropriate resources.

The job of listening and observing cannot be stressed too greatly because it can often give us the first clue in showing the nurse what the patient is seeking. Mrs. L. was visited during her eleventh pregnancy. She had told the previous nurse about her eldest daughter, age fifteen, who was causing her much concern because of her "wayward" behavior. At the time of her first visit Mrs. L. appeared to have much on her mind and stated that "things were difficult." Gradually, testing out the nurse's acceptance and understanding, she talked of her eldest son, whose lack of interest in school conflicted with her ideals for him. She also talked of the fourteen-year-old boy, whose sensitiveness, occasional outbursts of crying, and continuing enuresis indicated that further professional help was needed. Mrs. L. then related that she had considered sending him to the local adolescent clinic; that he had had behavior problems as a child, and that he had received help from a psychiatric clinic.

At this point three of the younger children appeared wanting their mother's attention. When she told them to go out to play for a little while longer because "I want to talk to the nurse," it was felt that Mrs. L. was ready to talk about her fifteen-year-old daughter, B. She did but with obvious difficulty because B. had been committed to an institutional school.

It was evident that an important aspect of the nurse's job was to offer her understanding support during this current period of stress. Because of the nurse's acceptance of the things that were happening to Mrs. L's children, without passing judgment on their upbringing, she could help this troubled mother towards an acceptance of her own situation. In addition to this, the patient and nurse together could begin to consider ways of tackling some of the problems. Also not to be overlooked is that the nurse's listening gave Mrs. L. an opportunity to sit down in the midst of a busy day's work, perhaps the only rest period she had.

The implication here is that the nurse may have much to offer multiparas. Since these mothers probably have had previous contacts with some "health teaching" agency during former pregnancies, the helping role would be different from that offered to the primipara. In order for the nurse not to be frustrated by feeling that her prenatal teaching is receiving only superficial and polite acceptance, she must realize that this particular woman may not want another pregnancy or that she has too many other concerns to be listening to the "voice of authority" whose goals are of no interest to her. The most important part of the visit is the concentration on the approach which says "I am primarily interested in you, and want to learn how I can be of help to you," rather than, "I have a lot to tell you, which should be of help if you'll only listen." If the former approach is used, the results are more apt to reveal areas wherein support and guidance can be given.

The occasional unreceptive patient who expresses resentment to the public health nurse can be less frustrating if the focus is directed towards an understanding of why she may be resisting the nurse, rather than on the discouraging fact that she fails to comply with professional advice. Here again a visit made during field experience can be used as an example.

"Health supervision" was requested to be given to a nine-month-old infant who was suffering from severe malnutrition. The mother was usually not home when appointment visits were made or, when she was at home, would express more interest in watching television. What was behind her resistance? Mrs. H. had negative feelings concerning her fourth pregnancy. She was having marital trouble in this second marriage and cared little about what happened to her. The paternity of the sick infant was questionable, according to the maternal grandmother.

How might such a mother react to visits made primarily in the interests of her sick baby? What are her reasons for rejecting the child? Certainly she is too unhappy about her present situation to cope with other than routine care for the child. Continued nursing visits to urge the mother to take care of her child might well be taken as a criticism of her ability to be a good mother, which would serve to weaken an already impaired self-esteem, and increase her need to be defensive for not following advice. Perhaps through past experience this mother has built up hostile feelings against authority. Whatever the reasons for her resistance, it is obvious that little progress can be made until it is broken through. Since the health of the infant in this case rests primarily on the

mother's care and interest, it would seem that the emphasis should be on giving Mrs. H. sympathetic understanding to attempt to build a working relationship with her through which she can express her negative feelings and still feel accepted by the nurse. If this is not possible, withdrawing help when indicated should not be considered a failure but rather as a realistic understanding of one of the limitations of the situation.

Another area in which the author found a mental health focus a real asset was that of the "demanding" chronic invalid like Miss K. She was an extremely obese woman who, at forty-one, attributed all her ills, including diabetes and hypertension, to "old-age." Because the nursing care was simple and progress was not evident either in regard to the management of her diabetes or in motivating her to use a prothesis (right leg amputation), she might be easily considered a rather "dull routine" after awhile.

However, when the problem-solving approach with its mental health implications was used, many interesting aspects of Miss K. could be placed together to contribute to a better understanding of our function with her. Miss K. was living in a neat and rather comfortably furnished basement apartment, precariously alone with her illness, and showed strong strivings toward independence. Rather than depending directly on the members of her family, she seemed to cling to her illness as the only way to meet her deep dependency needs. Her past history, although only sketchily known, as well as her present behavior, strengthened the rationale that little progress could be made in motivating her towards better health, since her illness was needed to compensate for the major lacks in her life. Her demands for attention and ways of seeking to be liked made sense when her unconscious needs were considered. Perhaps the only way she had gotten attention, which possibly symbolized affection and recognition to her, was by being ill.

The nurse, then, played a very definite part in meeting Miss K's needs to be dependent and liked, primarily through the simplest nursing care and acceptance of her demanding behavior. Knowing that the nurse is playing an important maintenance role in the life of the patient can ease the frustration caused by not seeing change in a positive direction and can help in the acceptance of any regressions.

In anticipation of finding within each home situation an interviewing possibility, the author found the purposes of interviewing a basic tool in working with people within the scope of the public health nurse's function. These purposes, taken from lecture notes, are to:

1. establish a relationship,
2. promote steps towards a mutually accepted objective,
3. understand the person who has the problem,
4. understand the role and behavior of the people important in the problem,
5. evaluate the capacity of the patient to meet the problem,
6. decide how to help the patient with the problem,
7. understand our own role and function in their situation.

Implied in the brief "settings" cited in this paper are some of the methods which help to work out the foregoing purposes of the interview. The emphasis has been on "relationship building" by meeting the patient on his own terms, giving him a chance to talk, and responding with sympathetic interest.

This infers that a process between two people is constantly going on which needs the conscious thinking of the "helping" person, who is directing it as well as interacting within it. It is in this *helping process* that the visiting nurse has a mental health rule and it should be a part of her working equipment. Her use of it will, of course, depend on many factors, including the limitations of her own personality and background, used in the broadest sense, and recognizing how her own feelings, biases, and needs may be affecting the process. If she consciously uses her supportive role, the nurse will enhance the value of her service to people and make her job more interesting and satisfying.

Helpful readings:

Gilbert, Ruth. *The Public Health Nurse and Her Patient.* Cambridge: Harvard University Press, 1951.

Garrett, Annette. *Interviewing: Its Principles and Methods.* New York: Family Welfare Association of America, 1942.

Caplan, Gerald. "The Mental Hygiene Role of the Nurse in Maternal and Child Care." *Nursing Outlook.* January, 1954.

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IN MEMORIAM

(*Continued from page 153*)

On July 30, 1906, Dr. Taylor died in Honolulu at the age of 68.

He was a 32d degree Mason and a member of the Hawaii Territorial Medical Society (president 1900-1902). While he was in California, he was President of the Medical Association of the City and County of San Francisco.

NOTES AND NEWS

(*Continued from page 161*)

The London Thyroid Club and the American Goiter Association announce the **Fourth International Conference on Goiter** will be held in London, England, on July 6, 7, 8, 1960. Those who desire to submit abstracts of papers for consideration of appearing on the programs should write: Selwyn Taylor, F.R.C.S., 3 Roedean Crescent, Roehampton, London S.W., 15, England, or John C. McClintock, M.D., 149½ Washington Avenue, Albany 10, New York.

* * *

The **American Rheumatism Association** is pleased to announce the forthcoming publication of a new medical journal—*Arthritis and Rheumatism,* the official journal of the American Rheumatism Association.

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8 STUDENTS ON FLIGHTS TO U.S. HAVE ASIAN FLU

New York, Aug. 15 (AP
Laboratory tests on e
foreign exchange student
arrived Aug. 8 show they
victims of Asiatic flu, the
health department repo
today. The eight arrived
plane from Europe.

Twenty-nine other stud
suffering from influenza
rived Tuesday from Rot
dam on the ship Arosa Sky.
One, Nicholas Memmos,
Greek exchange student,
yesterday. Six of these stu-
dents were released today
the others are to be r
tomorrow. It has not
termined whether
died from Asiatic

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THE INFLU

How Deadly Will i
What Can We Do

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U.S. Fighting

The War on Mutant A

If Florence was in the grip of an epidemic of colds, coughs and fevers, astrologers . . . declared that it was caused by the influence of an unusual conjunction of planets. This sickness to be known as "infl
—Chronicles of
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Asian Flu: the Outlook

Asian influenza will hit the U.S. this fall before mass immunization can be effective, and the nation faces an epidemic which may strike 15 million to 30 million people. The disease is relatively mild (in no way comparable to the killing "Spanish flu" of 1918-19), and is likely to cause only a small number of deaths among the feeble young and enfeebled old. But it may compel 10% to 20% of the population in affected areas to tak
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The War On Asiatic Flu

There's cause for concern about Asiatic flu, but scientists and public health officials see no reason for anyone to panic.

First shipments of the vaccine against the new influenza strain have arrived in Chicago, setting off a flood of telephone calls from worried patients to doctors, and from doctors to drug suppliers. This is a nor
pattern of mass fear and is understan
The of the

Even though Salk vaccine priorities were necessary, the regulation produced administrative headaches, public complaints and probably a gray, if not a black market. When regulation i
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would

PUBLIC HEALTH

Influenza

➤ INFLUENZA, one of the mo
dictable of communicable disease
ing "on cat feet" across the nat
now. It has already struck once
in mild epidemic form at an
base in Colorado. When and how
it will strike again is a perennial
public health authorities.

It will probably not lie dor
the rest of the winter months. At
there will be sporadic outbr
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complications from
"ORIENTAL FLU"

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ATCH "ASIATIC" FLU—

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HAWAII—The First Trust Co. of Hilo Tel. 51-124

COUNTY SOCIETY REPORTS

(*Continued from page 162*)

Guests present were: Doctors Reichert, James Wilson, James Dennis, Elge, and Van Loon.

Dr. James Wilson gave a short talk to the doctors and their wives on some interesting problems in feeding and nursing of infants. Dr. James Dennis talked on the management of problems of new-borns.

Dr. McArthur gave a short report of a recent meeting of the National Foundation for Infantile Paralysis Society in Honolulu.

A motion was made by Dr. Tompkins, seconded by Dr. McArthur, that the doctors would donate their service free for injections of polio vaccine during the coming drive. Motion carried.

MAMORU TOFUKUJI, M.D.
Secretary

The regular meeting of the Maui County Medical Society was held at Central Maui Memorial Hospital on September 17, 1957. Dinner was served at 6:30 P.M. followed by a business meeting at 7:35 P.M.

Dr. McArthur reported that the response by the public to the mass immunization for polio was very good.

A letter was received from Hale Makua, signed by W. F. Cockett, President, asking that the Medical Society seek volunteers among its members to make medical rounds twice a week at Hale Makua, for which they would be paid $50.00 per month. It was moved, seconded, and carried that the secretary write to Mrs. Lusby, Superintendent of Hale Makua, stating that the Society feels that the patient's own doctor should be notified when it is felt that medical attention is needed and that the Society will cooperate with the rules and regulations of Hale Makua.

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Following the business meeting, Dr. Moran spoke on "Diseases of the Kidney."

JOSEPH E. FERKANY, M.D.
Secretary

Hawaii

The Hawaii County Medical Society held a joint dinner meeting with the Hawaii County Bar Association on August 22, 1957, at the Hilo Yacht Club. Over forty members and guests of both organizations were present to enjoy a wonderful dinner and to participate in a very informative medico-legal discussion.

A short business meeting was called to order at 9:35 P.M. by Dr. Robert Miyamoto. Dr. Loo made a motion endorsing Dr. Grant Stemmermann and Dr. Ernst Schmidt for their respective positions and salary. This was seconded by Dr. Woo and was unanimously approved.

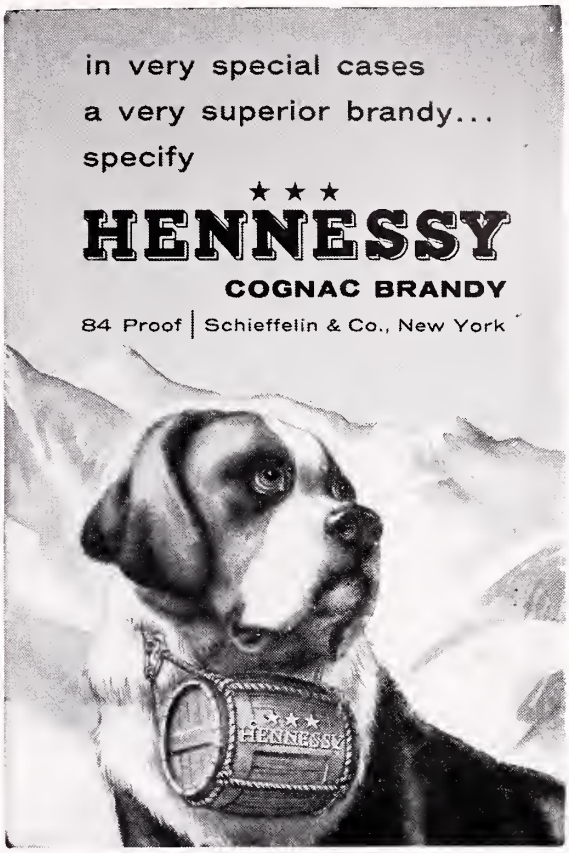
A letter from HMSA was read by Dr. Miyamoto which revealed two cases of gross irregularities in fee claims which had been detected by the HMSA.

* * *

The Hawaii County Medical Society held its regular monthly dinner meeting at the Hilo Hotel on September 19, 1957 at 6:30 P.M. Guests present were Col. Warner Bowers, Dr. Ney, Dr. Yuzon, Dr. Nesting, Dr. Avecilla, Dr. Francis Wong, and intern Dr. Ueki.

Our guest speaker of the evening, Col. Warner F. Bowers, Chief of the Department of Surgery, Tripler U. S. Army Hospital, presented a very interesting talk on the "Information Gained From the Study of 310 Tracheotomies."

(*Continued on page 180*)



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COUNTY SOCIETY REPORTS

(*Continued from page 179*)

Dr. Robert Miyamoto called the meeting to order at 9:30 P.M. Dr. Woo presented a brief report on the annual diabetic detection program. It was moved, seconded, and was unanimously approved to support this program.

A communication from the Hawaii Heart Association regarding a plan to have a medical exhibit and a blood pressure-taking demonstration at this year's County Fair was read. It was moved by Dr. Stemmermann that the Society discourage the Hawaii Heart Association from putting on a blood pressure-taking demonstration. This was seconded by Dr. Okumoto and was unanimously approved.

The applications for membership by Drs. Nesting, Francis Wong, and Avecilla were unanimously approved.

Dr. Miyamoto made a report on the Asian flu vaccine program meeting held in Honolulu. It was decided at that time to administer the flu vaccine according to a certain priority system.

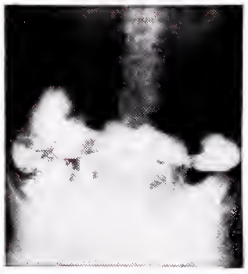
Dr. Okumoto reported on the program to publicize voluntary immunization against polio according to Phase 1 of the program. It was decided to charge not more than $2.00 per shot during this Phase 1 of the polio inoculation campaign which will be announced at a later date.

Dr. Bergin moved that the Society contribute $500 from the treasury to the Yamanoha family fund and that whatever contribution which may be obtained from the members be placed in the treasury. This was seconded by Dr. Jenkin and was unanimously approved.

RICHARD M. YAMAUCHI, M.D.
Secretary

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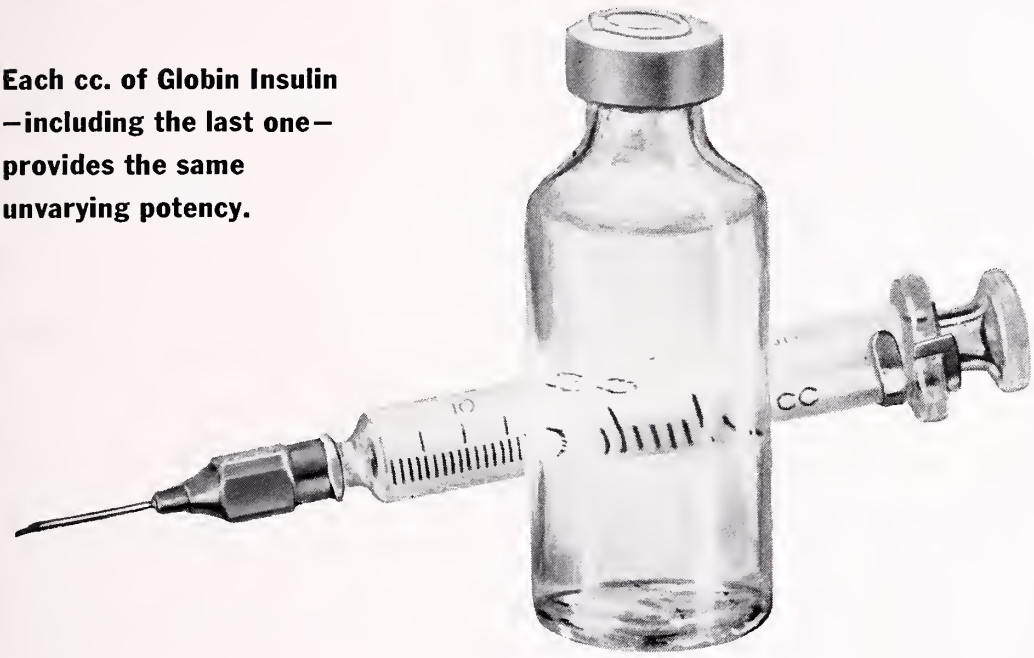
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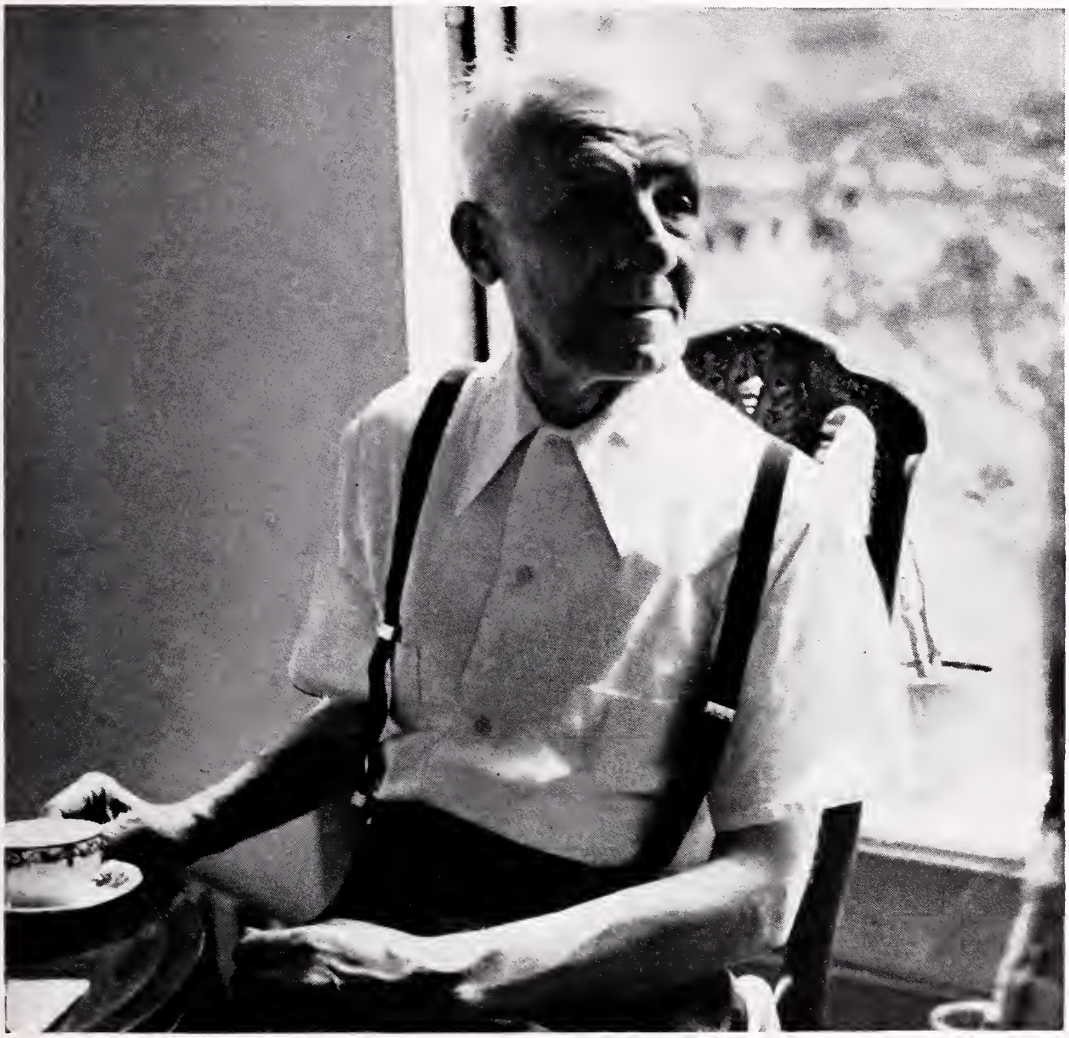
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BOOK REVIEWS

(*Continued from page 159*)

The Clinical Management of Varicose Veins (2d Edition).

By David Woolfolk Barrow, M.D., 169 pp., illus., $6.00, Paul B. Hoeber, Inc., 1957.

A brief and practical text emphasizing the treatment of varicose veins and their complications. There is a short review of the history, anatomy, and physiology of varicose veins, but the "meat" of the book lies in the practical and sensible approach to the widespread problem of varicose veins and their complications. Illustrations, both color and black and white, are excellent, as are the numerous graphic anatomic charts.

Emphasis on interruption and eradication of the vein and de-emphasis on the older principle of injection is quite in keeping with modern experience. There is an excellent chapter on the after care of the varicose extremity, which all too often is forgotten. Dr. Barrow has had wide experience in the management of varicose veins and his book is a practical masterpiece which can be understood with ease.

JAMES G. MARNIE, M.D.

Pica.

By Marcia Cooper, Sc.D., 114 pp., $3.75, Charles C. Thomas, 1957.

This most exhaustive study of pica contains a great deal of valuable information. To read it is to achieve a much better understanding of this fairly prevalent condition, both as to its causes and also its prevention and treatment. It is recommended for all professional individuals dealing with mothers and children.

DONALD C. MARSHALL, M.D.

The Gist of Obstetrics.

By H. B. Atlee, M.D., F.R.C.S., F.I.C.S., 327 pp., illus., $6.00, Charles C. Thomas, 1957.

Dr. Atlee succeeds in presenting everyday obstetrics in a very interesting and entertaining style. His marvelous sense of humor allows him to interject his ideas on the art of obstetrics while still presenting the usual textbook material.

Though written primarily for medical students, it is an excellent obstetrical review for a busy practitioner.

W. J. RICE, M.D.

Handbook on Poliomyelitis.

By Joseph Trueta, M.D., A. B. Kinnier Wilson, Margaret Agerholm, 139 pp., illus., $3.75, Charles C. Thomas, 1957.

This monograph by three English authors is clear and concise. The subject is handled in a manner which facilitates easy reference and includes a good index and bibliography. If the vaccine makes epidemics of poliomyelitis disappear, this book will be equally valuable for refreshing the physician in the practical diagnosis and treatment of this disease.

JOHN PEYTON, M.D.

Pediatric Cardiology.

By Alexander S. Nadas, M.D., 587 pp., illus., $12.00, W. B. Saunders Co., 1957.

It is interesting to note that half of this book is devoted to congenital heart disease. Each of the major varieties is described in detail, and the important diagnostic differentials are included. The interpretation of angiocardiographic data and those data obtained at

(*Continued on page 186*)



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(*Continued from page 184*)

catheterization is clearly presented. Emphasis is placed, however, on the clinical diagnosis and correlation with roentgen, and electrocardiographic findings. This is an excellent book, clearly and simply written with abundant illustrations and diagrams.

ANGIE CONNOR, M.D.

Manual of Anesthesiology for Residents and Medical Students.

By Herman Schwartz, M.D., S. H. Ngai, M.D., E. M. Papper, M.D., 170 pp., $4.25, Charles C. Thomas, 1957.

This book, apparently designed to be accompanied by lectures, at times is very sketchy and superficial. It probably will not be of much use to interns and residents in this area.

W. J. RICE, M.D.

Ultramicro Methods for Clinical Laboratories.

By Edwin M. Knights, Jr., M.D., 128 pp., illus., $4.75, Grune & Stratton, 1957.

A precise, practicable, honestly helpful text on micro-ultramicro blood chemistry. The stress placed on the importance of having a separate department with special equipment along with specially trained personnel is very well put. These are points too often overlooked by those requesting micro method blood chemistry in hospital laboratories.

LYDIA C. MARTENS, M.T. (ASCP)

Also Received

Therapeutic Exercises for the Treatment of the Neurologically Disabled.

By Harold J. Brenner, M.S., 73 pp., $3.50, Charles C. Thomas, 1957.

A valuable manual for those concerned with rehabilitation.

Science Looks at Smoking.

By Eric Northrup, 190 pp., $3.00, Coward-McCann, Inc., 1957.

The tobacco firms strike back. You may smoke if you like.

Pediatric Clinics of North America.

Carl C. Fischer, M.D., Consulting Editor, pp. 593-799, W. B. Saunders Company, August, 1957.

A symposium on handicaps and their prevention.

De Motu Cordis (Movement of the Heart and Blood in Animals).

By William Harvey, 209 pp., $3.50, Charles C. Thomas, Translated by Kenneth J. Franklin.

A handsome new edition in English and Latin.

(*Continued on page 188*)

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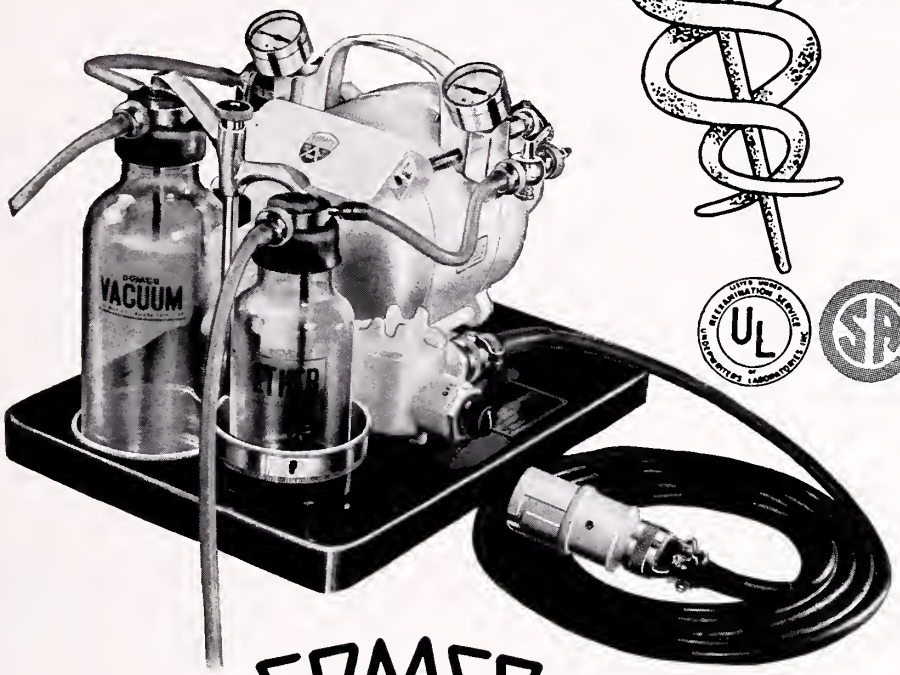
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DRUG DIVISION — HONOLULU

BOOK REVIEWS

(*Continued from page 186*)

The Human Brain.

By A. M. Lassek, M.D., Ph.D., 242 pp., $4.75, Charles C. Thomas, 1957.

Historical and philosophic.

Psychosomatic Medicine (3rd Edition).

By Edward Weiss, M.D., and O. Spurgeon English, M.D., 557 pp., $10.50, W. B. Saunders Company, 1957.

Third edition of the standard American text on this important subject.

Synopsis of Gastroenterology.

By Rudolf Schindler, M.D., F.A.C.P., 395 pp., $7.75, Grune & Stratton, Inc., 1957.

Concise and well organized. For students and residents rather than practitioners.

Therapeutic Exercise for Body Alignment and Function.

By Marian Williams, Ph.D., and Catherine Worthingham, Ph.D., 127 pp., illus., $3.50, W. B. Saunders Company, 1957.

Physical therapy techniques, with diagrams.

Blood Pressure Sounds and Their Meanings.

By John Erskine Malcolm, B.Sc., M.B., Ch.B., F.R.C.S., 93 pp., $2.50, Charles C. Thomas, 1957.

A technical work for internists who aren't too busy.

A Textbook of Histology.

By Alexander A. Maximow and William Bloom, 628 pp., illus., $11.00, W. B. Saunders Company, 1957.

Seventh edition of the best text book of histology, with electron micrographs and phase contrast photomicrographs.

A Practical Handbook of Psychiatry for Students and Nurses.

By Louis Minski, M.D., F.R.C.P., D.P.M., 144 pp., $3.00, Charles C. Thomas, 1956.

Hardly more than a glossary of terms.

Psychiatry in Theory and Practice.

By Beulah Chamberlain Bosselman, M.D., 150 pp., $4.00, Charles C. Thomas, 1957.

Brief, philosophic, bird's-eye view of psychiatry.

Hypophysectomy.

Edited by O. H. Pearson, M.D., F.A.C.P., 154 pp., $5.00, Charles C. Thomas, 1957.

A useful reference work, principally for neurosurgeons.

J.A.M.A. Clinical Abstracts of Diagnosis and Treatment.

Published with the Approval of the Board of Trustees, American Medical Association, 564 pp., $5.50, Grune & Stratton, Inc., 1957.

Selected abstracts from current medical literature, 1956. A kind of super year book.

(*Continued on page 194*)

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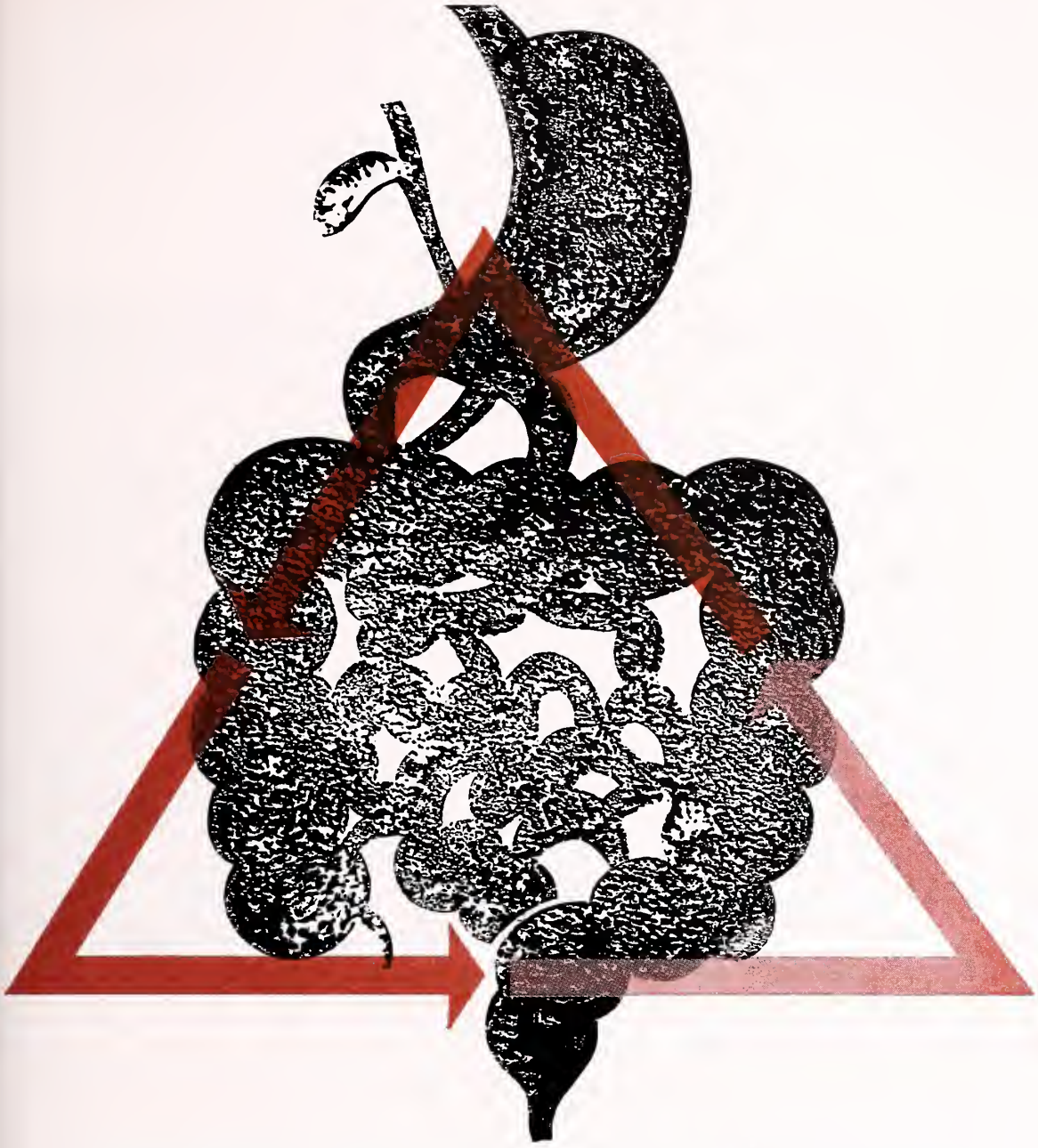
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[1] Nichols, R. L. and Finland, M.: J. Clin. Med. 49:410, 1957.

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BOOK REVIEWS

(*Continued from page 188*)

Lecture Notes on the Use of the Microscope.
By R. Barer, M.C., M.A., B.Sc., M.B., B.S., 76 pp., $1.50, Charles C. Thomas, 1956.

An excellent gift for first year medical students.

Clinical Applications of Suggestion and Hypnosis (3rd Edition).
By William T. Heron, M.A., Ph.D., 165 pp., $3.75, Charles C. Thomas, 1957.

A practical manual for amateur hypnotists.

Schizophrenia in Psychoanalytic Office Practice.
Thirty contributors, Edited by Alfred H. Rifkin, 150 pp., $4.00, Charles C. Thomas, 1957.

For psychoanalysts.

Progress in Psychotherapy, Volume II. Anxiety and Therapy.
Edited by Jules H. Masserman, M.D., and J. L. Moreno, M.D., 264 pp., $7.50, Grune & Stratton, Inc., 1957.

An anthology for psychiatrists.

Obesity: Its Cause, Classification, and Care.
By E. Philip Gelvin, M.D., F.A.C.P., and Thomas H. McGavack, M.D., F.A.C.P., 146 pp., $3.50, Paul B. Hoeber, Inc., 1957.

A book to lend to your obese patient.

Ciba Foundation Colloquia on Endocrinology, Volume 10, Regulation and Mode of Action of Thyroid Hormones.
Edited by G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Elaine C. P. Millar, A.H.-W.C., A.R.I.C., 311 pp., illus., $8.50, Little, Brown and Company, 1957.

Eighteen rather technical dissertations with verbatim discussions.

Ciba Foundation Symposium on the Chemistry and Biology of Purines.
Edited by G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Cecilia M. O'Connor, B.Sc., 327 pp., illus., $9.00, Little, Brown and Company, 1957.

Twenty-three highly technical articles of enormous interest to biochemists and moderate interest to physicians with a physiological bent.

The Diagnosis and Treatment of Endocrine Disorders in Childhood and Adolescence (2d Edition).
By Lawson Wilkins, M.D., 526 pp., $17.50, Charles C. Thomas, 1957.

Second edition of this valuable authoritative reference work. Chiefly for pediatricians.

The Early Diagnosis and Treatment of Acoustic Nerve Tumors.
By J. Lawrence Pool, M.D., and Arthur A. Pava, M.D., 161 pp., illus., $5.50, Charles C. Thomas, 1957.

A valuable reference for otologists and neurosurgeons

(*Continued on page 200*)

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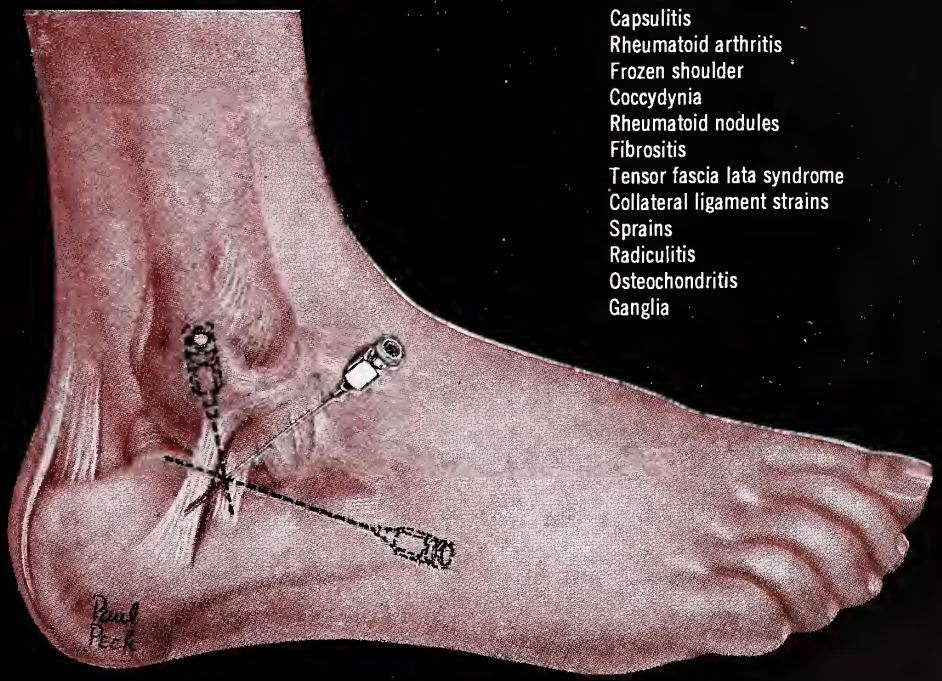
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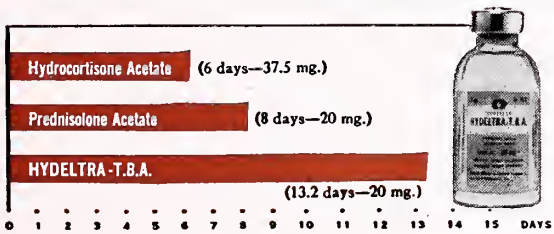
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REFERENCES: (1) Greenblatt, R. B.: *J. Clin. Endocrinol* 16:869, 1956. (2) Hertz, R.; Waite, J. H., & Thomas, L. B. *Proc. Soc. Exper. Biol. & Med.* 91:418, 1956.

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J. Michigan M. Soc. *54*: 805, 1955.

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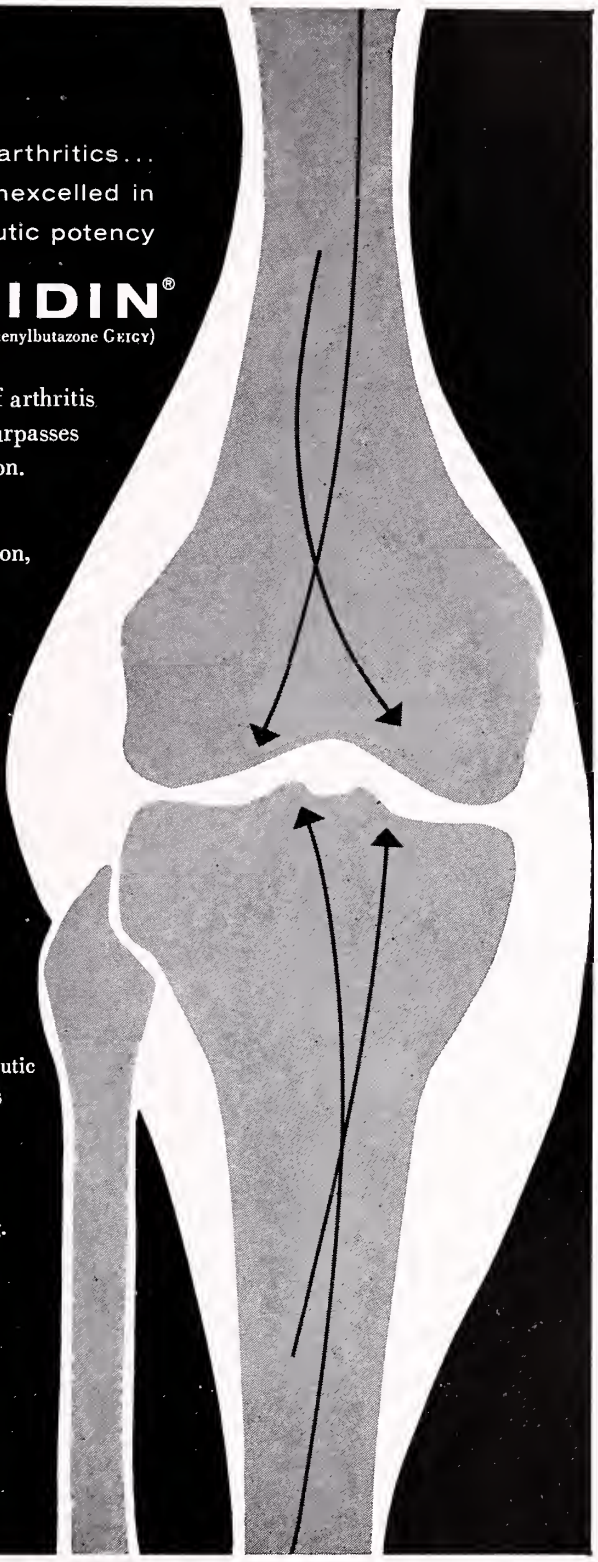
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(*Continued from page 194*)

The Patient Speaks.
By Harold A. Abramson, M.D., 239 pp., $3.50, Vantage Press, 1956.

A tape-recorded psychoanalytical interview, which reads like a novel.

The Surgical Clinics of North America.
Pp. 909-1194, W. B. Saunders Co., August, 1957.

Mayo Clinic symposium on abdominal surgery.

The Principles and Methods of Physical Diagnosis (2d Edition).
By Simon S. Leopold, M.D., 537 pp., $9.00, W. B. Saunders Company, 1957.

This second edition includes new and important features such as psychiatric surveys, electrocardiographs, and useful schematic illustrations on neurological diagnosis.

Practitioners' Conferences, Volume 6.
Edited by Claude E. Forkner, M.D., F.A.C.P., 378 pp., $6.75, Appleton-Century-Crofts, Inc., 1957.

Of interest to all practicing physicians.

Mechanisms of Hypertension With a Consideration of Atherosclerosis.
By Henry Alfred Schroeder, M.D., F.A.C.P., 379 pp., $9.00, Charles C. Thomas, 1957.

An exhaustive study, with almost 500 references.

Pneumoencephalography.
By E. Graeme Robertson, M.D., F.R.C.P., F.R.A.C.P. 482 pp., $14.50, Charles C. Thomas, 1957.

For neurosurgeons and radiologists.

Medical Radiation Biology.
By Friedrich Ellinger, M.D., 945 pp., $20.00, Charles C. Thomas, 1957.

A reference text from the U. S. Naval Hospital, with 4600 references!

Suprapubic Closure of Vesicovaginal Fistulae.
By Vincent J. O'Conner, B.S., M.D., F.A.C.S., 53 pp., $2.50, Charles C. Thomas, 1957.

For gynecologists.

The Psychologic Study of Man.
By John Money, Ph.D., 216 pp., $4.75, Charles C. Thomas, 1957.

For psychiatrists.

The Principles of Therapeutics.
By J. Harold Burn, M.A., M.D., F.R.S., 278 pp., $5.5 Charles C. Thomas, 1957.

Materia medica as taught to Oxford medical student

Experimental Psychopathology.
Edited by Paul H. Hoch, M.D., and Joseph Zubin, Ph.D 275 pp., $6.50, Grune & Stratton, Inc., 1957.

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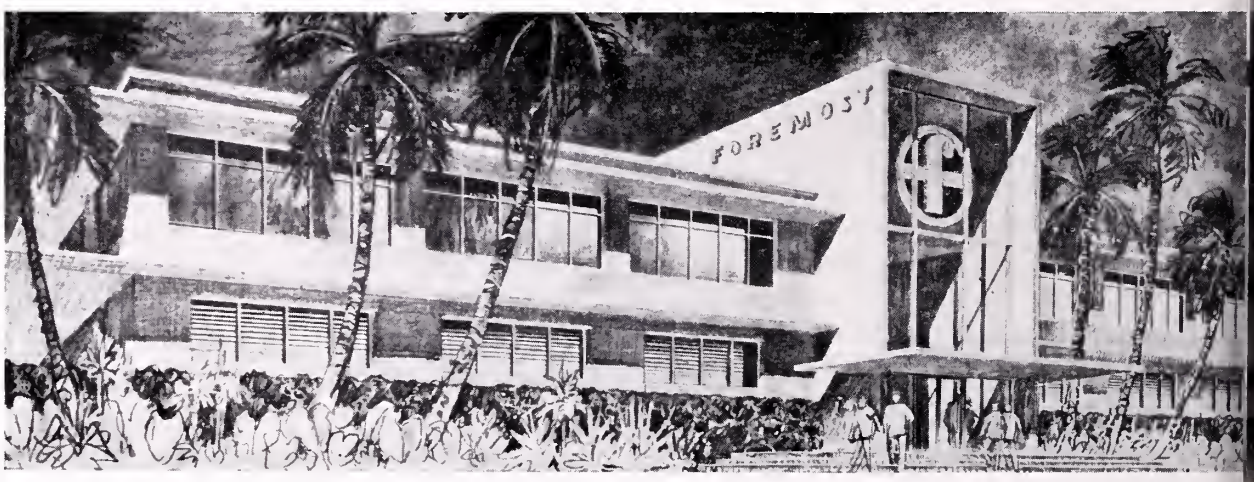
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(1) Asung, C. L.; Charcowa, A. I., and Villa, A. P.: Sea View Hosp. Bull. *16*:80, 1956. (2) Asung, C. L.; Charcowa, A. I., and Villa, A. P.; New York J. Med. *57*:1911 (June 1) 1957. (3) Report on Field Screening of Nostyn by 99 Physicians in 1,000 Patients, June, 1956.

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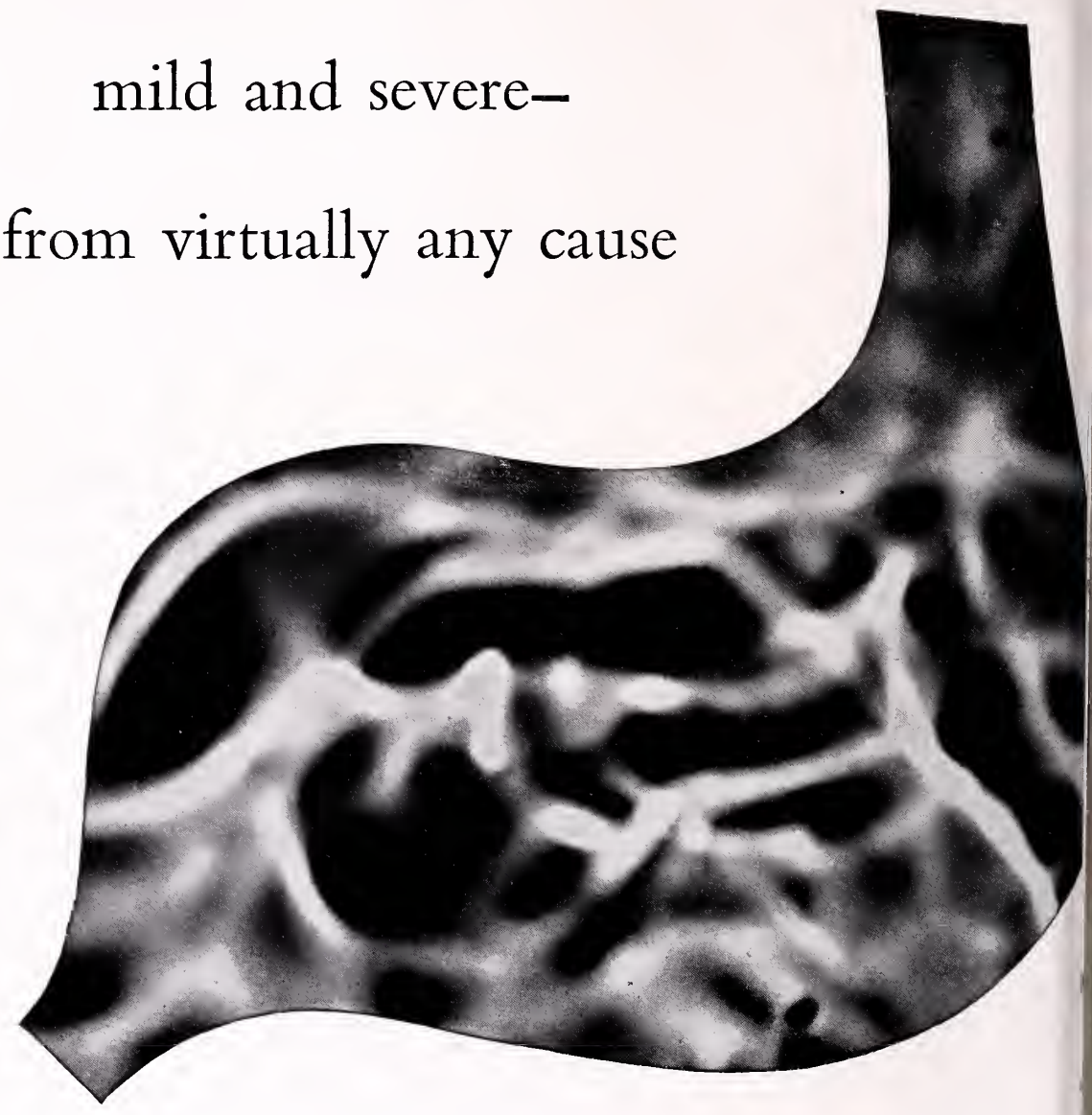
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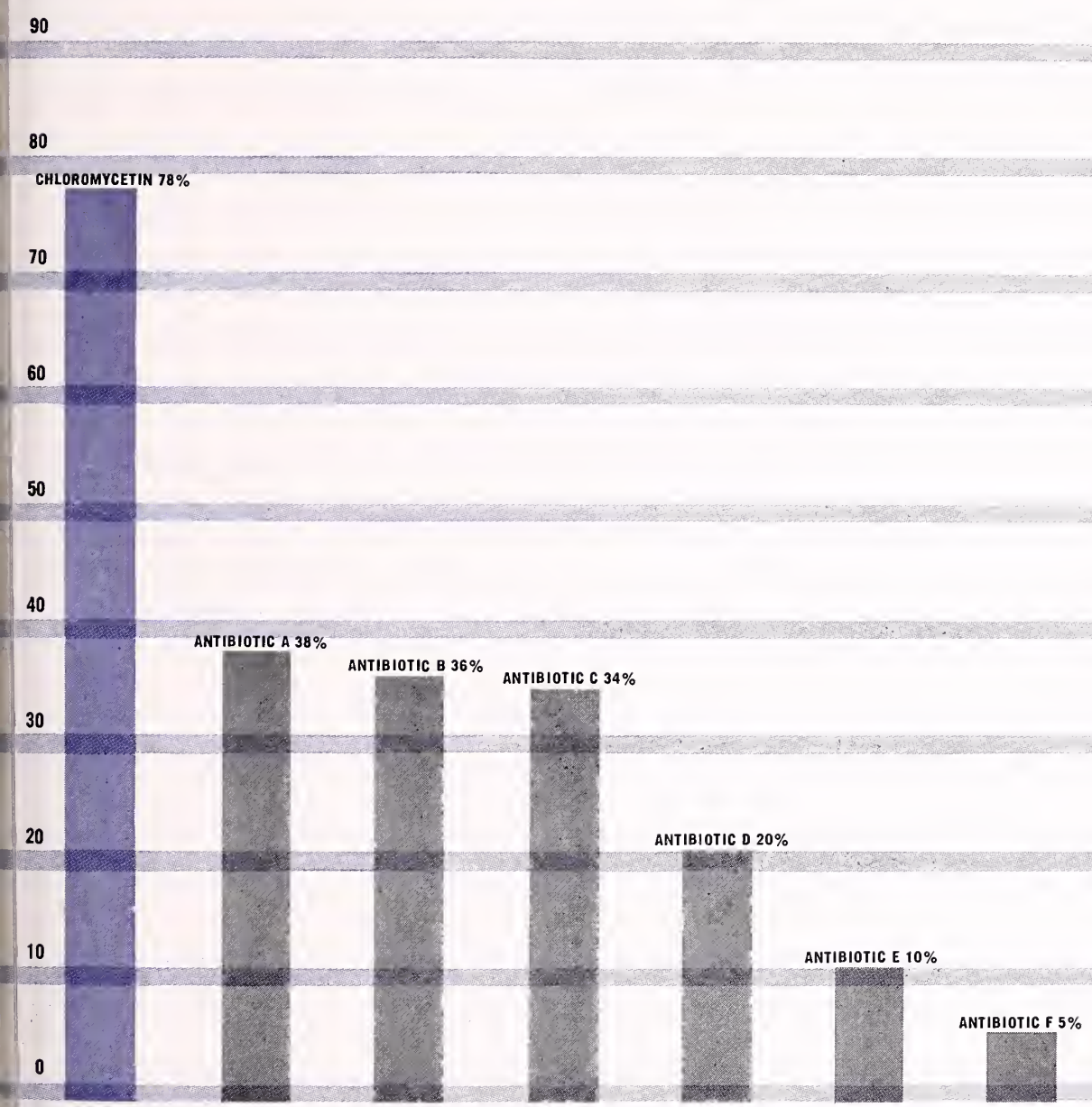
(1) Petersdorf, R. G.; Bennett, I. L., Jr., & Rose, M. C.: *Bull. Johns Hopkins Hosp.* 100:1, 1957. (2) Yow, E. M.: *GP* 15:102, 1957. (3) Altemeier, W. A., in Welch, H., and Marti-Ibanez, F., ed.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 629. (4) Kempe, C. H.: *California Med.* 84:242, 1956. (5) Spink, W. W.: *Ann. New York Acad. Sc.* 65:175, 1956. (6) Rantz, L. A., & Rantz, H. H.: *Arch. Int. Med.* 97:694, 1956. (7) Wise, R. I.; Cranny, C., & Spink, W. W.: *Am. J. Med.* 20:176, 1956. (8) Smith, R. T.; Platou, E. S., & Good, R. A.: *Pediatrics* 17:549, 1956. (9) Royer, A.: Scientific Exhibit, 89th Ann. Conv. Canad. M. A., Quebec City, Quebec, June 11-15, 1956. (10) Bennett, I. L., Jr.: *West Virginia M. J.* 53:55, 1957. (11) Altemeier, W. A.: *Postgrad. Med.* 20:319, 1956. (12) Felix, N. S.: *Pediat. Clin. North America* 3:317, 1956. (13) Metzger, W. I., & Jenkins, C. J., Jr.: *Pediatrics* 18:929, 1956. (14) Woolington, S. S.; Adler, S. J., & Bower, A. G., in Welch, H., and Marti-Ibanez, F., ed.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 365. (15) Waisbren, B. A., & Strelitzer, C. L.: *Arch. Int. Med.* 99:744, 1957.

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COMPARATIVE SENSITIVITY OF MIXED PROTEUS SPECIES TO CHLOROMYCETIN AND SIX OTHER WIDELY USED ANTIBIOTIC AGENTS*



*This graph is adapted from Waisbren and Strelitzer.[15] It represents *in vitro* data obtained with clinical material isolated between the years 1951 and 1956. Inhibitory concentrations, ranging from 3 to 25 mcg. per ml., were selected on the basis of usual clinical sensitivity.

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"Congratulones" in Unterlingua

October 17, 1957

DEAR HARRY:

Congratulones para los Summarios Interlingua. Vous avez plus fueherschaft. To anterior malihini very fine pidgin. Konichiwa.

HERBERT HARTLEY, M.D.
Editor, *Northwest Medicine*

Kaiser Hospital Plan (Continued)

September 17, 1957

Dear Mr. Kaiser:

Thank you for the copies of the press conference of August 27, 1957, regarding your proposed medical facility.

The Hawaii Medical Association and Honolulu County Medical Society have received the statements and wish to advise that the position taken by the House of Delegates of the Hawaii Medical Association on January 23, 1955, in regard to your proposed medical plan still stands. Your conclusion that the lack of opposition in the press means acceptance of your program is in error.

The Medical Profession welcomes the practice of good medicine anywhere but how well the medical needs of a given community are being taken care of, can be the subject of much difference of opinion and controversy.

We believe that the right of a patient to select his own doctor is a basis on which good medical care is founded. This was reiterated at the last meeting of the American Medical Association in June of 1957, when in the discussion over medical care for the United Mine Workers of America, it was clearly stated that "the free choice of physician and hospital by the patient should be preserved."

Thank you again for your courteous gesture. We hope you will continue to keep us informed.

SAMUEL L. YEE, M.D.

* * *

September 25, 1957

Dear Dr. Yee:

I appreciate your answer of September 17. I have been of the opinion that the HMSA is a closed panel, open only to doctors who join it and it is my opinion that all the doctors have not joined. Am I wrong in my assumption?

In connection with your statement that "my conclusion that the lack of opposition in the press means acceptance of my program is in error,"—I have wondered if you think there is any difference in the doctors of our plan and the HMSA doctors and I am also wondering if you knew that HMSA doctors plan is exactly the same as for patients who are members of our plan. They have the same free choice of all the doctors who join our plan.

To my knowledge we have never excluded any doctors who wanted to join our plan who were accredited and we are exactly comparable to open panel as HMSA —not all doctors are members of HMSA—not all doctors are members of our panel—and yet your public statements are that there is a difference.

Do not answer this letter if it is embarrassing to continue a controversy. This I do not want to do.

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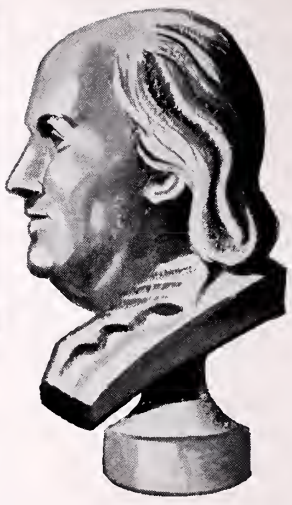


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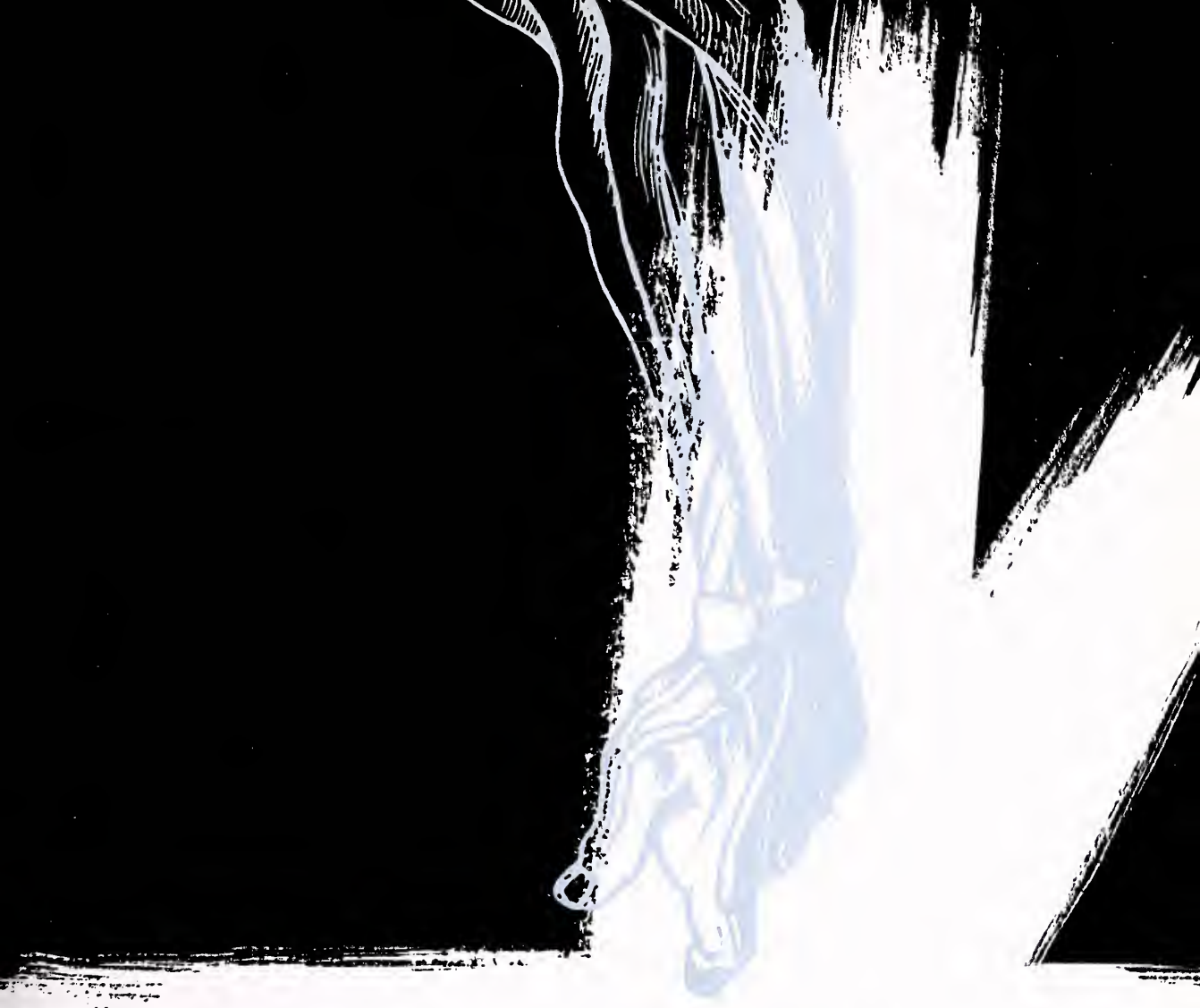
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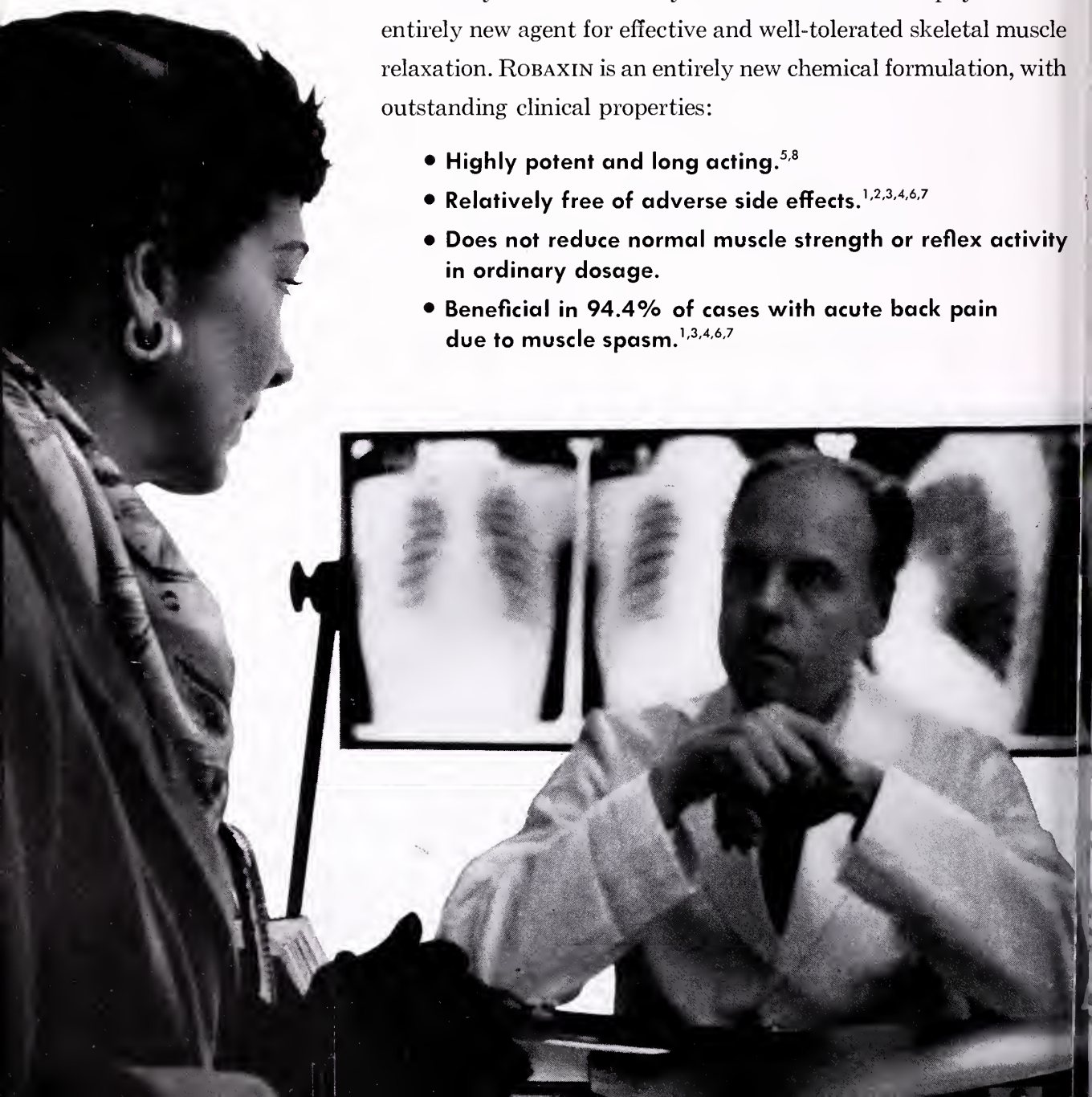
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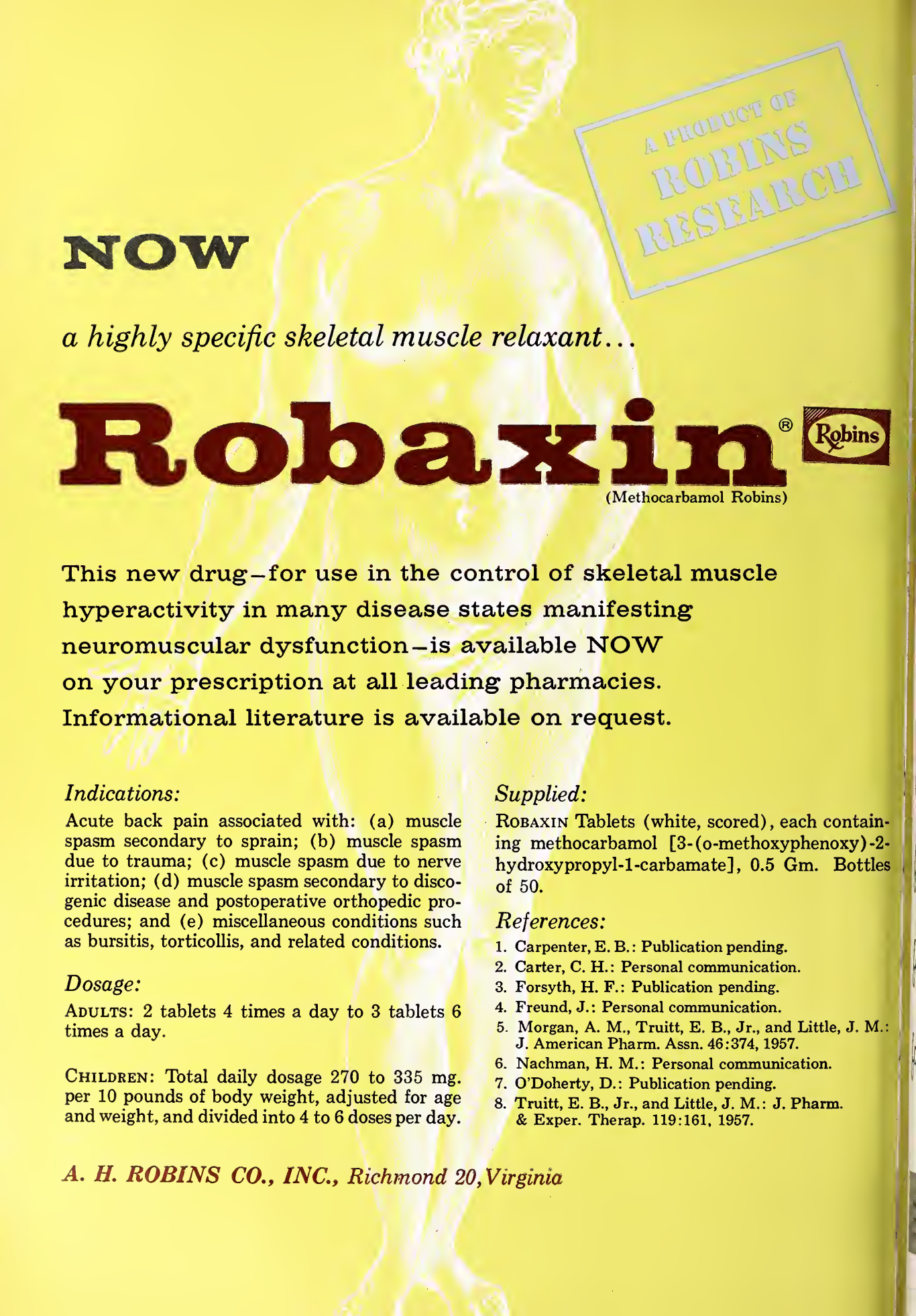
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ease entity	No. of Cases	Duration of Treatment	Dose per day (divided)	Response				Side Effects
				Marked	Mod.	Slight	Neg.	
e back pain due to								
uscle spasm secondary sprain	18	2-42 days	3-6 Gm.	17	1	0	0	None, 16; Dizziness, 1; Slight nausea, 1.
uscle spasm due to auma	13	1-42 days	2-6 Gm.	8	1	3	1	None, 12; Nervousness, 1.
uscle spasm due to rve irritation	5	4-240 days	2.25-6 Gm	4	1	0	0	None, 5.
uscle spasm secondary discogenic disease d postoperative thopedic procedures	30	2-28 days	1.5-9 Gm.	24	3	0	3	None, 25; Dizziness, 1; Lightheadedness, 2; Nausea, 2.*
llaneous (bursitis, rticollis, etc.)	6	3-60 days	4-8 Gm.	6	0	0	0	None, 6.
TOTAL	72			59	6	3	4	

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References:

1. Carpenter, E. B.: Publication pending.
2. Carter, C. H.: Personal communication.
3. Forsyth, H. F.: Publication pending.
4. Freund, J.: Personal communication.
5. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: J. American Pharm. Assn. 46:374, 1957.
6. Nachman, H. M.: Personal communication.
7. O'Doherty, D.: Publication pending.
8. Truitt, E. B., Jr., and Little, J. M.: J. Pharm. & Exper. Therap. 119:161, 1957.

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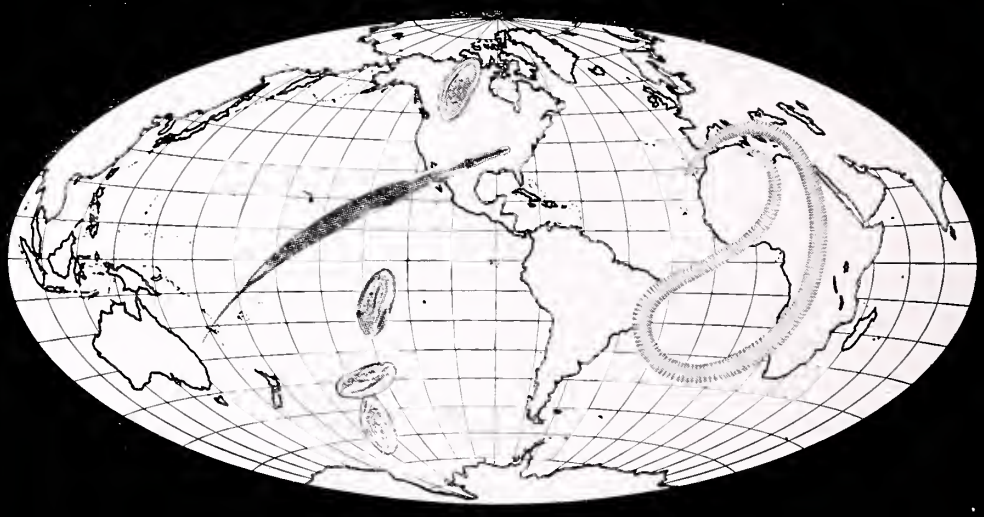
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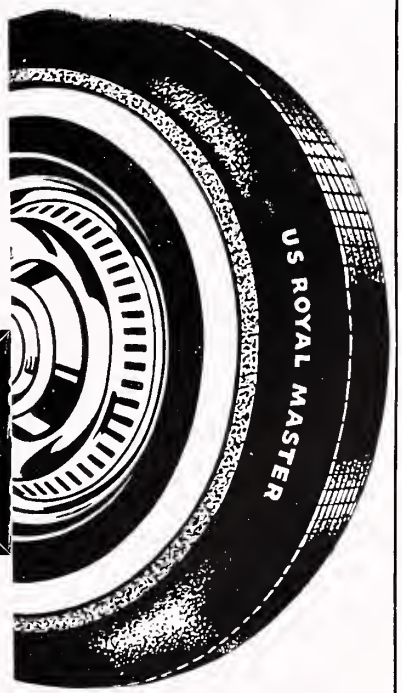
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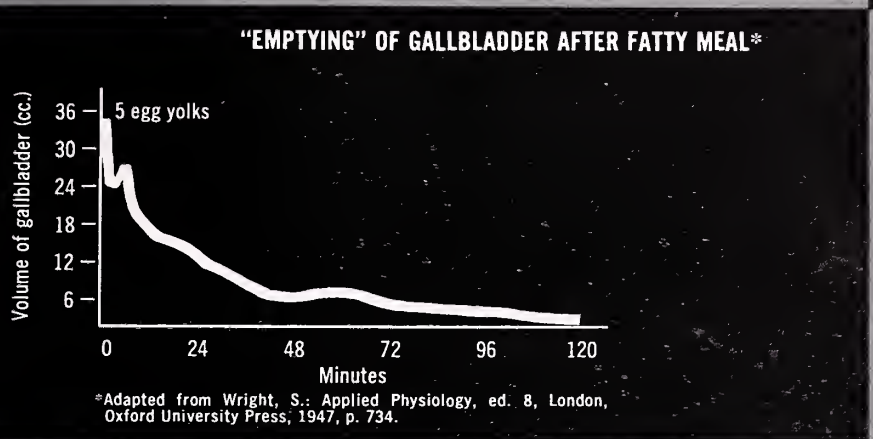
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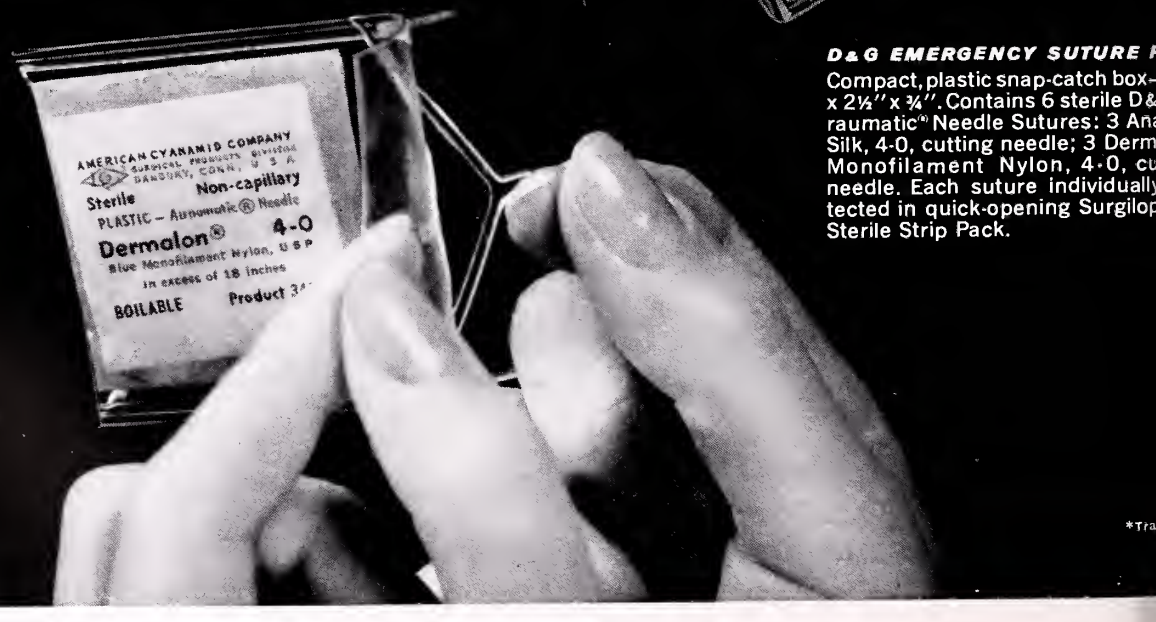
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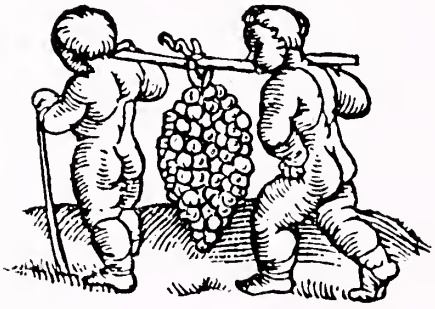
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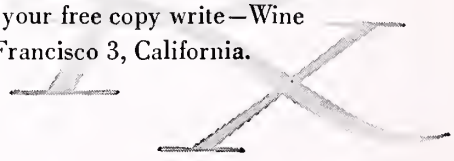
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1. Winsor, A. L. and Strangin, E. I.: J. Exper. Psychol. 16:589 (1933).
2. Beazell, J. M., and Ivy, A. C.: Quart. J. Studies on Alc. 1:45 (1940).
3. Faroy, G., and Weissenbach, R. J.: Hôpital 25:306 (1937).
4. Okada, S.: J. Physiol. 49:457 (1915).

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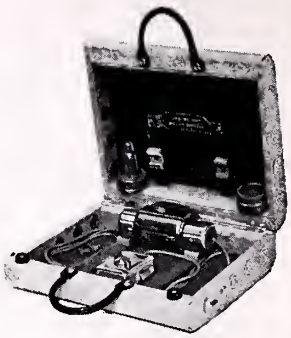
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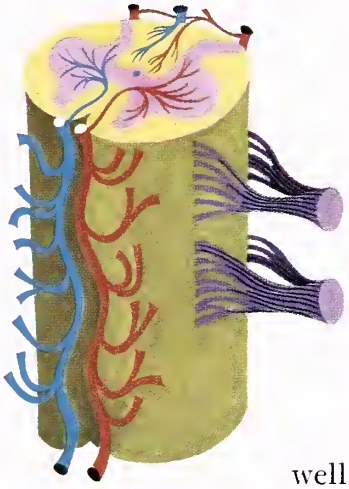
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*Belafsky, H. A., Breslow, S. and Shangold, J. E.: Meprobamate in pregnancy. Obst. & Gynec. **9**:703, June 1957.

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†Ayd, F. J., Jr.: The Treatment of Ambulatory and Hospitalized Psychiatric Patients with Trilafon, presented at Ann. Meet., Am. Psychiat. Assoc., Chicago, Ill., May 13-17, 1957.

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Among 1,262 women, 3 per cent had cytologic evidence of cancer, and half of those biopsied showed histologic evidence as well.

The Cytologic Detection of Early Uterine Cervical Cancer

WALTER B. QUISENBERRY, M.D.,* NORMAN R. SLOAN, M.D.,† and KAM LANG WONG, B.A.,‡ Honolulu

DURING RECENT years, more and more attention has been given to the use of the cytologic technique in the discovery of early cancer of the uterine cervix. The early detection of this type of cancer offers a real challenge and is especially important in cancer control since the survival rate is so much better when it is discovered early than when it is diagnosed in a late stage. The general survival rate for carcinoma of the uterine cervix is estimated at 30 per cent[1] whereas the survival rate of stage I is 80 per cent and in stage 0 is believed to be 100 per cent.



DR. QUISENBERRY

Received for publication November 6, 1957.

This report covers a study conducted in the Territorial Health Department Venereal Disease Clinic, Honolulu, Hawaii, during the years 1947 through 1955.

* Executive Director, Hawaii Cancer Society, Honolulu, Hawaii; formerly Chief, Bureau of Venereal Diseases and Cancer Control, Territorial Health Department; more recently Director, Division of Preventive Medicine, Territorial Health Department.

† Chief, Bureau of Cancer Control, Territorial Health Department, Honolulu, Hawaii.

‡ Research Analyst, Bureau of Cancer Control, Territorial Health Department, Honolulu, Hawaii.

[1] Jones, H. W., Jr.: The detection of pelvic cancer, J.A.M.A., 46:1197-1201 (July 28) 1951.

The purposes of this project were:

1. To evaluate routine cytologic examinations in the detection of uterine cervical cancer in asymptomatic women.
2. To determine if possible what percentage of asymptomatic women have cervical cancer or how many asymptomatic women must be examined in order to find a case of cervical cancer.

Cytology Begun in 1948

During the latter half of 1947 and the first half of 1948 exploratory work was done in performing cytologic examinations on women attending the Health Department Venereal Disease Clinic in Honolulu. Various stains and techniques of preparing smears were tried.

In July, 1948, actual detection examinations were started in the Venereal Disease Clinic using the Papanicolaou technique. Between July 1948 and July 1949, cytologic examinations were not performed routinely on all women coming to the Clinic but on only approximately 100. During this period, three women were found to have cancers of the uterine cervix. There was histologic proof of all cytologically suspected cancers.

The first woman was a 46 year old part Hawaiian. Her cooperation in taking the recommended treatment was poor and she died of advanced cervical cancer eight months after diagnosis. The second was a 40 year old Japanese woman who cooperated very well in taking the

recommended treatment. She is completely well nine years after the diagnosis was made. The third was a 32 year old part-Hawaiian woman. She has diligently followed all prescribed treatment and is in good health after a follow-up period of about nine years. The first case was not graded and the stage not indicated; the second was a grade III, stage I; and the third was grade I, stage 0.

Eight Years of Routine Cytologic Examinations

On the basis of the above experience, it was determined that cytologic examinations should be performed routinely on all women coming to the Health Department Venereal Disease Clinic. On July 25, 1949, when the Hawaii Cancer Society Cytology Laboratory was opened in Honolulu, routine cytologic examinations were started.

Between July 25, 1949, and July 25, 1957, a total of 1,262 women were given 1,581 cytologic examinations in the Health Department Venereal Disease Clinic. All women were asymptomatic as far as cancer was concerned. They came to the clinic because of some known or suspected venereal disease. Each examination consisted of a smear made from cervical secretions and one made from cervical scrapings using the Ayre scraper. After trying smears made from vaginal secretions it was determined that they were less satisfactory than the ones made from cervical secretions and cervical scrapings. The wet smears were fixed in equal parts of ether and 95 per cent ethyl alcohol for at least 20 minutes, then allowed to dry, and sent to the Hawaii Cancer Society Laboratory for staining and cytologic examination.

Three Per Cent Positive

It will be noted in Table 1 that 1,226 of the

TABLE 1.—*Female Genital Cytologic Examinations Venereal Disease Clinic, Honolulu, Department of Health, Territory of Hawaii July 25, 1949-July 25, 1957*

	EXAMINATIONS	WOMEN	RESULTS		
			Cytology		*Histology*
			Negative	*Suspicious*	*Positive*
Number	1,581	1,262	1,226	36	11
Per Cent		100.0	97.1	2.9	0.9

1,262 women had negative examinations for cancer cells. Smears from 36 women were considered suspicious of cancer. These 36 make up 2.9 per cent of all women examined in this study. It should be explained here that for purposes of this study a smear has been included in the most suspicious category indicated by any of the physicians on the Cytology Committee. If one examiner saw cells which appeared to be suspicious the case was always kept in that category even if subsequently smears were considered negative. This was done because of our desire to give women the advantage of further follow-up if there was any possibility of cancer being present and also because it is known that false negative examinations do occur.

In the group of 36 women who had suspicious results 11 (of the 23 submitting to biopsy) have thus far been shown to have cancer of the cervix on histologic examinations. Six were designated carcinoma in situ and five were found to be invasive. These 11 make up 31 per cent of the total of 36, and 0.9 per cent of the total of 1,262 women who were examined in this study. Twelve of the 36 women who had suspicious cytology smears had cervical biopsies which were considered negative for cancer. Thirteen of the 36 women have thus far had no biopsies. One biopsy may be of very little value. It has been determined from our own experience that it is often necessary to perform many biopsies before the asymptomatic cancer can be found. The use of coning biopsies may help in this problem.

Age No Indication

The median age of the 1,262 women examined was 29 years, and the median age of the 11 who have thus far been found to have cancer on histologic evidence was 30 years.

Cytologic examinations for cancer cells were suspicious in one out of every 35 women examined in the study. One histologically proved case of cancer of the uterine cervix was found in every 115 women examined.

Evidence Incomplete

Getting women who have cytologic evidence of asymptomatic cancer of the uterine cervix to have biopsies may be difficult. When dealing with women who are seen in a Health Department Venereal Disease Clinic the problem is greatly increased. This is borne out by the fact that 13 of the 36 women who had suspicious cytologic examinations in this study have not yet been willing to have biopsies.

Follow-up of all women in this group who had evidence of cancer on cytologic examinations and have had either negative biopsies or none at all should offer an excellent opportunity to study the natural history of cancer of the uterine cervix and should help also in further evaluating the accuracy of the cytologic technique in the early

detection of this type of cancer. The 12 who have had negative cervical biopsies thus far are not considered false positives from the cytologic standpoint but rather are pending cases. Many of them may be shown to have cancer on careful follow-up. Some may be eventually placed in a false positive category. However, it is difficult to be sure that none of these women had early neoplastic changes which were exhibited cytologically but spontaneously reversed. Some may be shown to have cancers of the female genital system involving sites other than the uterine cervix.

Comparative Figures

As stated previously, 11 women in this study had cervical cancer, proved histologically. Six had carcinomas in situ, and five had early invasive cancers, showing that asymptomatic carcinomas may be invasive. These make up 0.9 per cent of all women examined.

Fremont-Smith and Graham[2] found ten (1.4 per cent) of 704 consecutive new women patients coming to an internist's office had pelvic cancers. Six of the cancer cases or 0.8 per cent of the 704 women were free of symptoms and signs of cervical cancer. Nieburgs and Pund[3] screened 10,000 women by vaginal and cervical smears and found 185 cases or 1.85 per cent to have cervical cancer. In these 185 cases 42 per cent (or 78 cases) were asymptomatic. These make up 0.8 per cent of the 10,000 women examined.

Tilden[4] found 41 (1.3 per cent) of 3,200 women to have cancer of the uterine cervix. Thirteen of the 41 or 0.4 per cent of the 3,200, were asymptomatic. All the women studied for this report were completely asymptomatic so far as cancer was concerned at the time of the examinations. In none of the other reports was this true.

However, in general the figures of this study agree quite well with the above. The widest difference is found when Tilden's findings are compared with this report. This may be due to the fact that the women included in Tilden's report were all private patients, whereas the ones in this study are all clinic cases. This possibility should be studied further.

[2] Fremont-Smith, M., and Graham, R. M.: Screening for cervical cancer in internist's office by routine vaginal smears, J.A.M.A., 150: 587-590 (Oct. 11) 1952.

[3] Nieburgs, H. E., and Pund, E. R.: Detection of cancer of the cervix uteri: evaluation of comparative exfoliative cytologic diagnosis: study of 10,000 cases, J.A.M.A., 142:221-226 (Jan. 28) 1950.

[4] Tilden, I. L.: The value of cytology in detecting early carcinoma of the cervix, Postgraduate Medicine, 16:553-560 (Dec.) 1954.

Summary and Conclusions

Cytologic examinations of cervical secretions and cervical scrapings were given to 1,262 asymptomatic women in the Territorial Health Department Venereal Disease Clinic, Honolulu, Hawaii, between July 25, 1949, and July 25, 1957. Thirty-six or 2.9 per cent (one in every 35 examined) of these women were found to have cytologic evidence of cancer.

Eleven or 0.9 per cent (one in every 115 women examined) have been shown histologically to have uterine cervical cancers. Six were in situ carcinomas and five were invasive, showing that asymptomatic cancer of the uterine cervix may be invasive.

Twenty-five women who had smears which were considered suspicious but on whom histologic proof of their cancers is lacking, offer an excellent opportunity for studying the natural history of cervical cancer. Twelve of these have had cervical biopsies which were considered negative. Thirteen, thus far, have not been willing to have biopsies. Some of these women may be shown on follow up to have cancers of the female genital system which involve sites other than the uterine cervix.

The median age of all women examined in this study was 29 years. The median age of the 11 women who were found to have uterine cancer was 30 years. The median age of 327 women with cancer of the uterine cervix in an 11-year cancer morbidity study in Hawaii was 49 years.

The cytology test is of considerable value in the detection of asymptomatic uterine cervical cancer. It should be performed routinely on all women having pelvic examinations. This should greatly improve the general survival rate for carcinoma of the uterine cervix.

Summario in Interlingua

Indicios cytologic de cancere esseva trovate in 36 ex 1,262 feminas asymptomatic (2.9%) per subjicer las a examines cytologic de secretiones e grattages cervical. In 11 casos (0.9%) le suspicion suggerite per le frottis esseva obtenite cytologicamente. Sex carcinomas esseva non-invasive, cinque esseva invasive. Dece-duo feminas habeva biopsias negative. Dece-tres refusava submitter se a biopsias.

Le etate median de omne le feminas examinate esseva 29 annos. In le casos cancerose le etate median esseva 30 annos. Le etate median de 327 feminas con cancere del cervice uterin detegite in le curso de 11 annos in un studio del morbiditate cancerose in Hawai esseva 49 annos.

Toxemia of pregnancy occurred in one out of every 32 pregnant women at The Queen's Hospital, from 1947 to 1955, and eclampsia once in 662 pregnancies. Hawaiian and part Hawaiian women accounted for three times their share of toxemia but only half their share of eclampsia.

Eclampsias and Toxemias of Pregnancy

Modern Management

HAROLD L. MELSHEIMER, M.D., Honolulu

ECLAMPSIA today is one of the preventable diseases. The incidence varies greatly in different cities and countries. Von Heuss[1] found that 73 per cent of the fatal cases occurred in large cities as against 12 per cent in the country. Hinselmann[2] concluded that eclampsia occurred once in every 253.7 women entering a lying-in hospital and in private practice only once in 1816.6 women. Sakimoto[3] found in Honolulu that eclampsia occurred once in every 2547 women in private practice. In other words, good prenatal care reduces incidence strikingly. On the following pages, I will try to outline some basic concepts about the changes produced by the disease in the pregnant woman, which will then lead to the treatment as it is practiced today.

Received for publication September 12, 1957.

From the Department of Obstetrics and Gynecology, The Queen's Hospital, Honolulu, T. H. Chief: Richard Y. Sakimoto, M.D.

[1] von Heuss: Ueber Kaelteeinbrueche und Eklampsie. Ztschr. f. Geburtsh. u. Frauenheilk. 91:323, 1927.

[2] Hinselmann, H.: Die Eklampsie, Bonn 1924, F. Cohen.

[3] Sakimoto, R. Y.: A Critical Analysis of 5,093 Consecutive Deliveries Occurring in My Private Practice Since the End of World War II (1945). In The Congress Volume of the First Asiatic Congress of Obstetrics and Gynecology, 1957, Tokyo.

Cause is Unknown

The cause of eclamptogenic toxemia is not known, and innumerable, sometimes confusing, hypotheses have been suggested by various authors. On the other hand, we have an extensive knowledge, which is increasing steadily, about the physiological, metabolic, and other changes which go along with it. As in any disease, we can say that we have predisposing factors, upon which a precipitating factor can produce by means of mediators the classical secondary manifestations.

The precipitating factor is not known. It is identical with the cause and seems to be present within the pregnant uterus. It does not seem to be the fetus, since toxemia also occurs with hydatidiform mole. Consequently, we have to look for it in the placenta. Most recently Kaku[4] was able to

extract a polysaccharide from human and rabbit placentae which, when injected into various groups of rabbits, produced changes compatible with toxemia in the pregnant and the sensitized but not in the nonpregnant group. The nine important predisposing factors are: primigravidity, multiple pregnancy, polyhydramnios, dietary deficiency, diabetes mellitus, essential hypertension, renal disease, hydatidiform mole, and excessive intake of salt. The mediators are chemical in character. A large number have been suggested but they can be summarized in the following five groups: thromboplastin, toxic proteins, toxic pressure amines, hormones, and antigens. Thromboplastin especially seems to be stressed at the present by Page[5] and other authors.

Manifestations

The secondary manifestations of eclamptogenic toxemia are of paramount importance. It is here where the diagnosis is made, and they also give us the definition of the disease, since eclamptogenic toxemia is characterized by the occurrence of several of the following manifestations during pregnancy.

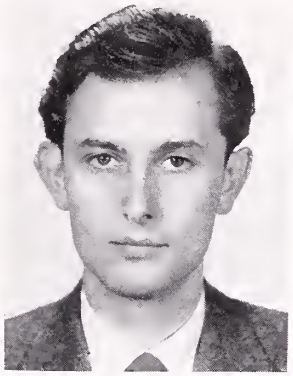
The kidney may show swelling of the glomerular loops, albuminous degeneration of the epithelium, degenerative changes in arterioles, thrombocytopenic processes in capillaries, and hemoglobin cylinders. The liver shows peripheral necrosis of the lobules in the advanced stages of the disease (Note: The necrotic areas in the liver in hyperemesis gravidarum involve rather the central parts of the lobules). The myocardium may show degenerative changes; the brain, edema. There is albuminuria and aldosteronuria. Edema, hemorrhage and even detachment of the retina can be found.

The blood shows increased uric acid, lactic acid, and phosphorus but decreased calcium, and the CO_2 combining power is more decreased than might be expected in normal pregnancy. It is important to know that there is no nitrogenous retention.

The edema is generalized in nature. Ankle edema indicates rather an increase in venous pressure; but if a woman notices that her wedding ring fits unusually tight, it is significant.

The placenta seems to age prematurely, which might be concluded from the increase in red infarctions of the organ, and from the relatively low pregnanediol and estriol levels and the relatively high chorionic gonadotropin level. Certainly sodium is retained, the blood pressure is elevated, and the weight gain exceeds normal limits.

The characteristic serum protein changes in pregnancy consist mainly of a decrease in albumin and an increase in the globulin fractions except for gamma globulin, which is decreased. In preeclampsia and eclampsia we find an exaggeration of the changes normally present in pregnancy. Albumin is markedly decreased. The globulins show an extensive (compensatory) increase which is especially conspicuous in the alpha$_2$ fraction and not so pronounced in the phi globulin fraction. However, beta globulin is decreased even slightly under nonpregnant levels. As a rule, the smaller protein molecules are decreased due to glomerular leakage. The following table indicates the above mentioned changes. (Table 1).



DR. MELSHEIMER

TABLE 1.—*Plasma protein constituents in grams per hundred ml in normal, pregnant, and eclamptic women, according to Mack.*[8]

	NORMAL NONPREGNANT	PREGNANT	ECLAMPSIA
Albumin	4.6	3.05	1.52
Alpha$_1$ globulin	0.36	0.44	0.54
Alpha$_2$ globulin	0.68	0.85	1.54
Beta globulin	1.01	1.27	0.97
Phi globulin	0.51	0.61	0.73
Gamma globulin	0.97	0.58	0.34

The electrophoretic pattern in hepatitis and cirrhosis of the liver looks like that of toxemia, but the phi globulin is decreased and the gamma globulin markedly increased. Diabetes and hypertension are not distinguishable. In rheumatoid arthritis the gamma globulins are elevated (streptococcal agglutination factor) and in nephrosis we find a pattern similar to toxemia but with elevation of alpha$_1$ and alpha$_2$ and with depression of beta.

Electrophoretic patterns of the urine logically show just the reverse picture of blood electrophoretic studies in toxemia. Besides loss of plasma proteins through the urine, there seems to be a migration of proteins into the tissues after alteration of the capillary permeability in pregnancy and to a markedly increased extent in toxemia. This was proved by Herold[6] using polyvinylpyrrolidone

[4] Kaku, M.: Placental Polysaccharide and the Etiology of the Toxemia of Pregnancy. In The Congress Volume of the First Asiatic Congress of Obstetrics and Gynecology, 1957, Tokyo.

[5] Page, E. W.: The Hypertensive Disorders of Pregnancy. American Lecture Series 1953.

[6] Herold, L.: Capillary Permeability and Toxemia. In The Congress Volume of the First Asiatic Congress of Obstetrics and Gynecology, 1957, Tokyo.

(Reppe synthesis) as an indicator which resembles physically normal blood proteins and is not altered by fermentative action.

Kidney Function

These interesting considerations lead us over to the problem of evaluating the kidney function in toxemia. An estimate of kidney function is indispensable if kidney disease is present. Page[5] is perturbed over the tremendous amounts of money that are wasted yearly in doing PSP or other excretion tests, as well as Volhard-Mosenthal type dilution-concentration tests, which are of little or no value, especially after the third month of pregnancy, due to the physiologic changes in glomerular filtration rate, blood volume, and the ureteral distention and stasis.

I will try to outline a useful program which might help to evaluate the kidney function in pregnancy. Lately we have been using tests along this line at the prenatal outpatient department of The Queen's Hospital, with success. First, withhold fluids for 12 hours and then obtain a catheterized specimen. The specific gravity should be above 1.022 in spite of the decreased concentration in pregnancy. An Addis count is done. The standards for pregnant women are: casts 0 to 10,000, RBC's 50,000 to 2,000,000, white and epithelial cells 25,000 to 6,000,000.

An intravenous pyelogram is done if one expects pyelonephritis, but the interpretation is difficult. We pay special attention to ureteral dilatation below the brim of the true pelvis.

We obtain a complete urinalysis, which is followed by culture and sensitivity testing if organisms are found.

The best estimates are gained from the clearances of (endogenous) creatinine or urea, which should not be reduced in normal pregnancy. Creatinine blood levels (or BUN or NPN), if elevated, give evidence of severely diminished function.

Treatment

If the diagnosis of eclamptogenic toxemia is established and an estimate of the course in the individual is obtained by observation and tests, the main aim of treatment is directed against hypertensive crisis and thus prevention of cerebrovascular accidents, which constitute the commonest cause of maternal death.

The fundamental alteration is arteriolar spasm. No agent which acts at or below the ganglion will decrease the blood pressure. This rules out agents which act on the vascular wall, the adrenergic blocking, and the ganglionic blocking drugs.

Hydralazine hydrochloride seems to occupy a preferable position today since it is the only agent which increases the urinary output and renal blood flow while leaving the glomerular filtration rate unaltered, in contrast to the veratrum alkaloids, which have been employed and discarded repeatedly since 1865. A safe and very effective lowering of the blood pressure is achieved by adding 50 milligrams of hydralazine hydrochloride to 1000 cc of 5 per cent glucose in water. The intravenous drip is started at 20 drops per minute. The blood pressure should be taken every five minutes for the first two hours and recorded on a chart. In milder cases, the alkaloids of rauwolfia serpentina, which also act centrally, are extremely useful.

The second aim of treatment is directed against the retention of sodium with accumulation of tissue fluid, accompanied by the appearance of aldosterone in the urine, which constitutes a probable contributing sodium-retaining factor. There should be a sharp restriction of sodium intake. In mild cases, we can employ ammonium chloride in daily doses of 5.0 to 9.0 grams, which acidifies the urine. Otherwise, the carbonic anhydrase inhibitors (such as Diamox) are very effective. They result in loss of both sodium and potassium, while chloride is retained. We give 250 milligrams once or twice a day. Mercurial diuretics can be occasionally given after preparation with low sodium intake and ammonium chloride, but the risk of renal damage is considerable. Use of mercurial diuretics simultaneously with carbonic anhydrase inhibitors results, in a sharp loss of sodium and a disproportionately slight loss of potassium.

Eclamptic convulsions, if they occur, begin antepartum in 50 per cent of the cases, intrapartum in 25 per cent and postpartum in 25 per cent. The fetal mortality here is 30 per cent to 50 per cent and the maternal mortality 20 per cent. Eclamptic convulsions constitute a true obstetrical emergency and treatment should be begun without delay. However, we have to remember that the patient rarely convulses if the physiologic and metabolic disturbances have been controlled adequately. The forcing of a tongue blade between the patient's jaws is of no value since it only injures the patient's teeth and mouth. A possible tongue bite already has happened and cannot be prevented.

Magnesium sulfate seems to be a specific agent. The action of the magnesium ion is threefold. It mainly blocks the acetylcholinesterase (like d-tubocurarine) and thus interferes with the conduction of stimuli across the neuromuscular junction. Some authors explain the whole action of magnesium sulfate by this mechanism. However, there seems to be some central depressant action and a very transient side action on the blood pressure due to vasodilatation (flushing after

magnesium sulfate administration). If the magnesium blood level reaches 6.0 mEq per liter, convulsions are no longer possible. At 8.0 to 9.0 mEq per liter, the kneejerks are diminished or disappear, and at 12.0 mEq per liter, death due to respiratory paralysis may ensue.

We have to know its benefits and its dangers to employ it successfully. Eastman[7] gives up to 31 grams in 24 hours. The antidote in magnesium poisoning is calcium. Before administration the kneejerks should be tested, since loss of deep tendon reflexes precedes respiratory paralysis and the urinary output must be adequate for the previous hour. The magnesium ion is rapidly excreted in the urine, much more rapidly than it is absorbed from the gastro-intestinal tract, which accounts for the low blood level and the cases of death reported after administration of Epsom salts as a laxative in severe kidney disease, where it is contraindicated. If there are no contraindications, the initial dose should not exceed four Gm in 20 per cent solution intravenously plus six Gm in 50 per cent solution intramuscularly. Intramuscular magnesium sulfate should always contain procaine and should be given deep in the outer upper quadrant of the gluteus muscle. Subsequently, up to four Gm can be given intramuscularly at four-hour intervals.

Last but not least, the best treatment of severe eclamptogenic toxemia and eclampsia is the removal of the precipitating factor, namely the products of conception. This, however, should never be done if the patient convulses. The ideal time comes at point of maximum improvement as to blood pressure, diuresis, and consciousness. Delaying to get a better baby is fallacious. The rule that the uterus represents the best incubator is not true in severe toxemia. The fetus gains neither weight nor strength. Also, those few patients who do not respond to treatment in eclamptogenic toxemia should be delivered after 24 hours if not eclamptic. The route of delivery is an individualized matter. The contraindications to rupture of the membranes (no or minor dilatation of the cervix, no effacement of the cervix, or a non-engaged head) can be liberalized, especially in the multipara. However, the presence of toxemia should not lead to poor obstetrics. Many patients show marked improvement with release of fluid from the uterine cavity. Pitocin drip can be used if supervised in the controlled patient. Stein's schedule is also useful.

I will try to evaluate statistically our own experiences with toxemia, paying special attention to racial peculiarities. In 19,348 maternity admissions (staff and private) from 1947 to 1955 at The Queen's Hospital, toxemia occurred once in every 32.4 women (597 cases) while eclampsia occurred once in every 662.2 women (29 cases). The maternal mortality, 3.8 per cent (1 case) in eclampsia, compares favorably with almost any statistics on the subject in the international literature I have been able to find. A second fatality was due to cerebrovascular accident. As we will see shortly, toxemia is approximately three times as common in the Hawaiian, or predominantly Hawaiian, group of the local population as in any other group. On the other hand, the incidence of eclamptic convulsions seems to be only half as frequent among the Hawaiian group.

In our second table, we have listed in the vertical Column A the breakdown into different racial groups in per cent as taken from 71,791 hospital admissions during four years (1951, 1952, 1953, 1955). Column B indicates the distribution of the 597 cases of toxemia without eclampsia. Column C shows the percentage pertaining to B. Column D indicates the distribution of the 29 cases of eclampsia, and finally Column E shows percentage pertaining to D (Table 2).

TABLE 2.—*Racial distribution of all admissions as compared to racial distribution of cases of toxemia and of eclampsia, The Queen's Hospital, 1947-1955.*

	A	B	C	D	E
	PER CENT OF ADMISSIONS	CASES OF TOXEMIA	PER CENT OF TOTAL CASES OF TOXEMIA	CASES OF ECLAMPSIA	PER CENT OF TOXEMIA
1. Hawaiian and part Hawaiian	18.6	265	44.7	8	3.0
2. Portuguese	7.1	45	7.7	0	0.0
3. Caucasian	28.6	63	11.0	6	9.5
4. Japanese	25.7	134	22.5	8	6.0
5. Chinese	8.6	21	3.7	2	9.5
6. Korean	1.4	10	1.8	0	0.0
7. Puerto Rican	2.9	28	4.8	1	3.6
8. Filipino	7.1	23	3.8	3	13.0
9. Others or unclassified		(8)		(1)	
TOTAL	100%	597	100%	29	

As we see, out of 273 toxemia cases (B + C) in the Hawaiian group, only eight progress to eclamptic convulsions (2.9 per cent) while out of 353 cases of toxemia, combining all other groups, 21 have eclamptic convulsions (5.9 per cent). Unfortunately, this difference is not sufficient to be proved statistically, but even without being of significance it can give us valuable information or at least indicate a trend. The relative incidence of eclampsia among the Filipino group is striking on first view but also not of statistical significance due to the small number of cases in this group. Our other statement concerning the high incidence of toxemia in the Hawaiian group, however, is highly significant.

[7] Eastman, N. J.: In Williams Obstetrics, 11th Edition, 1956.

The following Tables 3 and 4 deal with the application of the chi² test to our statistics. On the horizontal line of Table 3, we find the breakdown into our eight nationalities and the vertical columns contain the observed (o) and expected (e) incidences (Table 3).

TABLE 3.—*Observed and expected incidences of cases of toxemia in various races. The Queen's Hospital 1947-1955.*

	1	2	3	4	5	6	7	8	
o	44.7	7.7	11.0	22.5	3.7	1.8	4.8	3.8	100%
e	18.6	7.1	28.6	25.7	8.6	1.4	2.9	7.1	100%
o-e	26.1	0.6	17.6	3.2	4.9	0.4	1.9	3.3	
$(o-e)^2$	681.2	0.4	309.8	10.2	24.0	0.2	3.6	10.9	

TABLE 4.—*Observed and expected incidences of cases of toxemia in Hawaiians as compared to the other racial groups.*

	A	B
/o-e/ - 0.5	25.6	8.5
$(/o-e/ - 0.5)^2$	655.4	72.3

Chi² is the sum of the $(o-e)^2$ divided by the expected incidences. It is here:

$$\frac{681}{19} + 0 + \frac{310}{29} + \frac{10}{26} + \frac{24}{9} + 0 + \frac{4}{3} + \frac{11}{8}$$

= larger than 50. Df is 7 in the above table. This permits us to disprove the zero hypothesis with more than 99 per cent. Our results are of high statistical significance.

Personal experience indicates that the percentage of Caucasian maternity admissions is remarkably lower than the percentage of Caucasian total hospital admissions. If we consequently discard the Caucasian group as possibly incorrect, combine all other groups, except the Hawaiian, and compare them with the Hawaiian group, our significance will be as striking. To be more accurate, we also will use the continuity correction /o-e/ — 0.5 instead of o-e. In Table 4, A indicates the Hawaiian group, B the others combined (Table 4).

Chi² is now: $\frac{655}{19} + \frac{72}{53}$ = larger than 30. Df now is 1, which permits us again to disprove the zero hypothesis with more than 99 per cent. In other words, there is only a "less than a fraction of one per cent chance" that this is a purely incidental distribution.

Summary

In this paper, I have tried to outline a basic program for diagnosis, prognosis and treatment of eclamptogenic toxemia, following in parts previous outlines by Page[5] and Mack.[8] In no way does this claim to cover the subject completely.

In the first part, we can find a short summary of the present concepts about the changes produced by the disease. This is followed by an outline of treatment. Specifically aimed agents are stressed here especially. This is the reason why some old established ways of treatment, as with narcotics and sedatives (Strogenoff) are omitted. Others, as spinal puncture and venous tap, are used infrequently today. We are trying to prevent the two types of catastrophe that might befall the mother, cerebrovascular accident and convulsions, as well as the threat to the baby, namely premature separation of the placenta where the maternal organism actually tries to fight and to slough off the substance which is poisoning it.

In the last part, I have attempted to evaluate some of our own experiences wtih toxemia, paying special attention to racial peculiarities. At The Queen's Hospital in Honolulu, Hawaii, toxemia has occurred once in every 32.4 women while eclampsia has occurred once in every 662.2 women. The maternal mortality in eclampsia has been only 3.8 per cent.

Toxemia is approximately three times as common in the Hawaiian, or predominantly Hawaiian, population as in any other group, while eclamptic convulsions seem to occur only half as frequently among the Hawaiian group. The latter fact might be explainable partially by less prenatal care among the Hawaiian population. Hawaiian patients frequently are in the lower income group and also do not limit their salt intake. Whether this alone explains the incidence or if there is another factor involved we cannot tell without further investigations.

Summario in Interlingua

Toxemia de pregnantia occurreva in un ex omne 32 gravidas al Hospital del Regina ("Queen's Hospital"). Eclampsia occurreva in un inter 662 pregnantias. Feminas hawaian e partialmente hawaian monstrava un incidentia de toxemia de tres vices le incidentia total sed un incidentia de eclampsia de solmente un medietate del incidentia total.

[8] Mack, H. C.: The Plasma Proteins in Pregnancy. American Lecture Series 1955.

Fluoride Tablets For Dental Decay
Preliminary Report

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IN 1956, ROUTINE dental surveys in the district of Kohala, Hawaii, showed that tooth decay there was comparatively severe. Study of a nearby control area (Honokaa) and a study done in 1946 by Nils P. Larsen, M.D., on the island of Oahu,[1] provided similar data (Table 1) which can be compared with figures from two recent Mainland surveys for comparison of basic decay rates.[2]



DR. TABRAH

Through the cooperation of the public schools of Kohala, dental record cards were used to derive rates of dental disease by noting the number of decayed, missing, and filled teeth in the children thus studied, totaling the number of affected teeth, and computing the arithmetic mean for each age group.

Techniques of examination and recording were standardized. Permanent teeth were classified according to dental caries experience, i.e. decayed, missing, or filled. A tooth was considered carious if the lesion was clinically obvious, if the opacity of the enamel indicated underlying caries, or if the dental explorer could penetrate tooth structure. Each tooth was recorded only once regardless of the number of fillings or carious lesions. Abnormalities of both deciduous and permanent teeth were recorded. Effort has been made to insure continuity of technique in plans for future examinations.

The percentages of racial components are about equal in the Hawaiian schools; dietary factors, tooth brushing and other possible variables are well distributed among all the children concerned in this study, as well as in the control group. Racial percentages in the Hawaiian survey are: Japanese 30 per cent, Filipino 11 per cent, Hawaiian 1 per cent, Mixed 45 per cent, Other 13 per cent.

No effort is being made to determine the DMF rate by race, or in relation to diet, since it is the sole purpose of this study to evaluate the use of ingested fluoride in a relatively stable population of mixed racial and dietary habits.

No attempt has been made to change any factors thought to influence tooth decay except the control of fluoride intake during childhood. Both the Kohala district and the control area (Honokaa district) have about 0.1 ppm fluoride ion in their water supplies,[4] and in each case public water supplies are the only source of water, except occasional cisterns, which provide water practically free of the fluoride ion.

TABLE 1.—*Comparison of Dental Pathology (DMF) Rates by School Grade and Location*

	KINDERGARTEN	5TH	8TH	NO. INDIV. STUDIED
Kohala District, Hawaii	.20 DMF (6.81 DMF+def)	5.63	9.10	169
Honokaa, Hawaii	.52 DMF (9.54 DMF+def)	8.65	11.22	180
Oahu ('48) Hawaii	1.0 DMF	4.2	11.8	295
Maryland (2 counties)	.03 DMF (2.80 DMF+def)	3.09	6.15	492
Wash. State (children age 6) (non-fluoride area)	.82 DMF	3.72	7.81	940

In comparing decay rates the designation DMF indicates the mean number of decayed, missing, or filled permanent teeth per child, whereas def indicates the same in the case of the decidual teeth. In the kindergarten children studied, these two figures are combined to provide more meaningful data (DMF + def) at a time when permanent dentition is rudimentary.

Apparently the Hawaiian children studied have considerably more of a problem with dental defects than similar age groups in Maryland and Western Washington State, areas with relatively high decay rates by Mainland standards. To analyze the possible causes for this severe problem would carry us through the vast literature on odon-

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1. Larsen, N. P.: Tooth decay in relation to diet and general health. JAMA 137:832-837, (July 3) 1948.
2. Russell, A. L.: Oral health study in children of suburban Washington, D. C. Pub. Health Reports 71:626-632, (June) 1956. Hoffman[3].
3. Hoffman, O. E.: Dental survey findings in 21 Washington cities. Washington State Department of Health.
4. Personal communication.

The authors wish to express their appreciation to J. R. Robinson, D.D.S., Director of the Division of Dental Health of the Territory of Hawaii, and to Dental Hygienists Tokiko N. Hirota, and Doris Kajiwara for assistance in collecting data for this study.

toclasia. Dietary controls, saliva pH, the role of carbohydrates, calcium and phosphorus intake, vitamins, and chewing exercises—all these features probably play a part in influencing decay, but from the standpoint of actual and clinically demonstrable decay resistance, no factor has been as striking as that of the ingestion of fluoride ion during the period of enamel development.

Under ordinary conditions of living, fluorine is a trace element in human nutrition.[5] Minute amounts are absorbed from certain foods and drinking water, and are partly retained by dental and osseous tissues. The quantity of fluoride ion ingested in food is a relatively unimportant variable; the average diet contains 0.2-0.3 mg daily. Of greater import is the additional quantity ingested in drinking water. Many water supplies are practically fluoride-free, while others contain up to seven or eight parts per million.

From the investigations of Dean (1946) there is convincing evidence that within certain limits there is an inverse relationship between the natural fluoride content of drinking water and the frequency of dental caries in children dependent upon these supplies. Environmental factors, dietary habits, and constituents of public water supplies were carefully studied, yet the *only factor* that varied consistently with the variations in dental caries rates was the concentration of fluoride ion in the water consumed. In Dean's original observations of 7,257 children, age 12 to 14, living in 21 cities of four states, the prevalence of decay was greatest in those children who from birth had used fluoride-free public water. The prevalence was progressively less in comparable children reared in cities with water supplies containing fluoride ion.[6] These basic observations have been confirmed and extended by other investigators, notably the Washington State Department of Health which, in an extensive study of decay in 21 Northwest cities, found decay inversely proportional to the natural fluoride content of the water consumed, with effective prophylaxis beginning at about 0.5 ppm.[3]

The caries-preventive effect of adequate fluoride intake is principally conferred when the dentin and enamel are being formed. There is evidence that this increased resistance to dental caries is carried over to some degree into later life, so that there is a delay of several years in the incidence of caries.[7] Russell and Elvove showed that the marked caries-reductive effects of fluoridated water may operate effectively as late as 40 to 44 years of age.[8]

Many studies have been conducted in the laboratory to explain the inhibition of induced experimental caries in rats and hamsters by fluorides. The results give consistent support to the concept of a relationship between human caries and fluoride ingestion (McClure, 1951). It is probable that caries resistance is associated with the incorporation of fluoride ion into the tooth structure, but the mechanism is unknown.

The metabolism, pharmacology, and toxic effects of fluoride ion are well reviewed by several authors (McClure, 1946; Cox and Hodge, 1950; Heyroth, 1951; Smith, 1951). No evidence of untoward effects of ingestion of fluoride ion in amounts of up to 1 ppm in daily water intake are known, but fluorosis appears to be proportional to amounts ingested over 1 ppm. With an average intake of one quart of liquid daily, one would get approximately 1 mg of fluoride ion—an apparently safe dosage for prolonged intake, and one that is demonstrably effective against tooth decay.

The fluoride concentrations in the urine of teen-age boys and young men closely approximate the ingested quantity of fluoride where the water supplies contained from 0.2 to 4.7 ppm.[9] Fluorine balance studies furnish additional evidence that the human body eliminates the major portion of food and water-borne fluoride ion when not more than 4 to 5 mg a day are ingested, but that excessive storage begins at about 6 mg daily.[10]

There is no evidence that the prolonged ingestion of fluoride ion below the level expected to produce dental fluorosis would have any adverse physiological effect. This limit appears to be about 1 mg daily of fluoride ion, or about 1 ppm in the daily fluid intake.

Apparently the fluoride ion is able to penetrate the placental barrier only in small amounts, and only when the ingested amount is high. The amount in human milk is negligible.[12] Once in the body, fluorine is taken up by the bones, enamel, and dentin. Radioactive fluorine has been shown to enter teeth. When small amounts of fluoride ion are consumed regularly, a balance is soon established between excretion and storage. At first, storage may amount to as much as 50 per cent of intake, but quickly the storage factor drops and

5. McClure, F. J.: Fluorine and other trace elements in nutrition. Handbook of Nutrition, ed. 2, American Medical Assn., Chicago, 1951, pg. 137.
6. Dean, H. T.: Epidemiological studies in the United States. Dental Caries and Fluorine, F. R. Moulton, ed., AAAS, Washington, D. C., 1946, pg. 5.
7. Forrest, J. R.: The incidence of dental caries among adults and young children in three high and three low-fluorine areas in England. Monthly Bull. Ministry of Health and Pub. Health Lab. Serv. 10:104, (May) 1951.
8. Russell, A. L. and Elvove, E.: Domestic water and dental caries. VII. A study of the fluoride-dental caries relationship in an adult population, Pub. Health Rep. 66:1389, 1951.
9. McClure, F. J.: Nondental physiological effects of trace quantities of fluorine. Dental Caries and Fluorine, F. R. Moulton, ed., AAAS, 1946, pg. 74.
10. Mackle, W., and Largent, E. J.: The absorption and excretion of fluorides. II. The metabolism at high levels of intake, J. Ind. Hyg., Toxicol. 25:112, 1943. Chem. Abstracts 37:6032, 1943.
11. Fluoridation in the prevention of dental caries—*ADA Manual*, 3rd ed., Jan. 1953, pg. 6.
12. Blach, M. M., Kleiner, I. S., and Bolker, Herman: The toxicity of sodium fluoride in man, New York State J. Med. 49:1187, (May) 1949.

70 to 90 per cent of the daily intake is excreted in the urine.

The intake of fluoride results in a pronounced increase in the fluoride content of enamel, dentin, and bone. Apparently there is no concurrent change in the amount of calcium, phosphorus, or magnesium in the enamel or dentin—even when the fluoride content is greatly increased. The striking correlation between low caries rates and increased fluoride ion in tooth structure is significant.

It is thus reasonably certain that consumption of 0.5-1 ppm of fluoride ion daily during the formation of enamel is at least partially protective against dental decay.

The concept that decay is largely the result of a deficiency of this trace substance during enamel development suggests the value of artificially reinforcing the natural intake of fluoride ion wherever necessary—a simple matter that has led to fantastic controversies, largely because it is usually planned to provide the needed fluoride ion by way of public water supplies.

Since the water of Kohala, Hawaii contains less than 0.2 ppm of fluoride ion—and certain engineering features in the water supply prevent public fluoridation—additional fluoride ion is being provided to Kohala children by an alternative method.

Based on the probability of a water plus dietary fluoride ion intake of about 0.35 mg, supplemental fluoride ion is made available by providing soluble tablets containing 1 mg sodium fluoride, which are dispensed in lots of sixty. These are taken, dissolved in any palatable drink, one daily, by pregnant mothers, and all children up to twelve years of age. It is expected that the total of 0.85 mg fluoride ion that is thus ingested will be optimal since it is generally recommended that 0.5-1 ppm in the daily fluid intake is effective in decay prevention.

A safety factor is provided in dispensing the tablets in boxes of sixty, since it is doubtful that even a total dose of 60 mg would be harmful to a small child accidentally ingesting the tablets.[12] The tablets are dispensed free to plantation families, and at cost (80¢ yearly per child) to others.

The tablets are crushed and dissolved in liquid before ingestion for three reasons: aspiration of the tablet is prevented, the local effect of the fluoride ion on surface enamel may be significant, and it is felt that the daily ritual involved in preparing the tablet (often done by the child) enhances the probability of daily ingestion.

A record is kept of which families are using the tablets, providing additional control of the rate of consumption. A small printed sheet is provided with the first tablets dispensed to a family—this contains explicit directions for their use, in English and Filipino.

In addition to the information thus provided, posters, talks at baby clinics and schools, and considerable newspaper cooperation has assisted distribution of the tablets, since an adequate educational program has been essential to the operation of such a public health measure. It is important that the educational phase of this work be continued.

DMF figures from a similar population group at Honokaa, Hawaii, having an equally deficient fluoride supply in its water, will be kept concomitantly with the Kohala figures. Recheck dental surveys will be made at three year intervals in Kohala and the Honokaa districts. If the addition of adequate fluoride ion to the diets of Kohala children is protective against decay, in the absence of any effort to otherwise change the dietary or dental habits of the population, its importance will be apparent.

Judging from the lack of decay in certain Mainland populations living where natural fluorides occur in appreciable amounts in the water supply, where beautiful teeth are coexistent with poor diets and abysmal dental hygiene, it is conceivable that similar results can be produced artificially in a controlled situation. The Kohala district lends itself well to this study, since it is relatively isolated geographically, has a stable population (about 1500 under 12 years old), and is served entirely by one medical facility.

If the method proves to be effective, families can secure the advantages of fluoridation in areas where public fluoridation is not yet in effect.

If Kohala families fail to utilize the free tablets, in spite of intensive education, it will be useful to know that even under well controlled conditions tablet fluoride plans are ineffective.

Lastly, if in spite of adequate tablet consumption, decay rates remain high, further study will be undertaken to determine what other factors produce odontoclasia in this area and what means are necessary to correct them.

Summario in Interlingua

Carie dental es plus prevalente in scholares de Kohala que in scholares de duo contatos de Maryland o del stato de Washington. Proque le aqua contine iones de fluoruro in un concentration de minus que 0.2 partes per million e proque su fluoruration es difficile, 1 mg de fluoruro de natrium per die debe esser administrate a omne scholar in forma de tablettas pro le objectivo de prevenir carie dental.

P. O. Box 116

The milky juice of the crown flower plant may get in the eye of a lei maker and produce severe irritation. Soothing symptomatic treatment is all that is required.

Crown Flower Keratoconjunctivitis

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THIS report is prompted by the occurence of three cases of a characteristic corneal change caused by the juice of the crown flower plant (Calotropis gigantea). All occurred in the space of five weeks. Wong[1] reported two cases in 1949 together with experimental studies of the action of the juice on the rabbit's eye. It is surprising that the condition is not seen more often, in view of the common use of the flower in making leis.

The irritating and poisonous features of the juice of this plant are known. Arnold[2] makes the following statement:

"The milky juice is a violent local irritant and will cause serious burns of the skin. When taken internally it causes violent purging and vomiting which are at times so severe as to prove fatal, especially in young or weakly individuals. The only treatment is symptomatic."

Neal[3] states that large amounts of the leaves are poisonous and that the milky juice may irritate the skin.

Case Reports

CASE 1.—A Hawaiian woman, age 41, referred by Dr. James Luce of Kamuela on May 1, 1957, stated that while she was picking crown flowers, some juice had entered her left eye the day before. There was marked burning and she noticed diminution of vision.

Received for publication July 10, 1957.

[1] Wong, Wayne H.: Crown Flower Keratoconjunctivitis, HAWAII MED. J., 8:339-341 (May-June) 1949.

[2] Arnold, H. L.: Poisonous Plants of Hawaii, Tongg Publishing Company, Honolulu, 1944, p. 31.

[3] Neal, Marie C.: In Gardens of Hawaii, Bishop Museum Special Publication No. 40, 1948, p. 615.

The vision in the right eye was 20/20 and no abnormalities were noted. The left vision was 20/70. There was marked inflammation of the bulbar conjunctiva. The cornea was grossly somewhat cloudy. There were a few scattered dots on the cornea which stained with fluorescein. Examination with the corneal microscope showed edema of the stroma with many water slits between its fibers, similar to the condition frequently seen following cataract extraction.



DR. CRAWFORD

She was given Metycaine ointment to use for relief of burning. When she was re-examined a week later the vision was 20/20 and she said the eye had cleared completely two days after her original examination.

CASE 2.—A Caucasian woman referred by Dr. Frank Tabrah of Kohala on June 1, 1957, stated that crown flower juice had entered her right eye three days before, caused marked burning, swelling of the lids and loss of vision.

The vision in the right eye was 20/70 with correcting lenses. There was slight swelling and redness of the lids and moderate inflammation of the bulbar conjunctiva. Examination with the corneal microscope revealed slight superficial punctate keratitis. There was definite edema of the corneal stroma. The left eye had corrected vision of 20/20.

She had been given cortisone ophthalmic ointment and this was continued. When re-examined on June 5, the inflammation had subsided and no edema was evident.

However, the vision had only improved to 20/40. She was advised that refraction might be necessary when she reached her home in San Francisco, where she was returning in a few days.

CASE 3.—A Japanese man, age 46, was seen by Dr. Robert Kaufman of Pahala on June 6, 1957, and the following notes are taken from his report:

The patient complained of irritation of his left eye associated with blurred vision, and he saw halos around lights. He stated that on the day before he had been working with crown flowers, separating them from the stems preparatory to making leis. He did not recall that any of the juice entered his eye. Inflammation and pain had increased by the following morning.

The vision in the right eye was 20/20 and in the left 20/50 with correction. The left cornea appeared somewhat smoky. There was marked injection of the bulbar conjunctiva. There was a reticular appearance of the surface of the cornea.

Dr. Kaufman consulted me by telephone and symptomatic treatment was advised. He was given Ophthane drops. Two days later, he reported his symptoms had subsided. On June 13, the vision was 20/20 with glasses.

Summary

Three cases are reported of a distinctive type of keratitis caused by the juice of the crown flower. The prognosis appears to be excellent and the patient needs to be reassured because he is disturbed about the blurring of vision. Treatment is directed toward the relief of pain.

Summario in Interlingua

Le succo lactee del planta madar (*Calotropis gigantea*) representa un hasardo occupational pro le factores de coronas floral (i.e. de "leis" hawaian), proque su introduction accidental in le oculos resulta in un sever ceratoconjunctivitis chimic. Un adulciante tractamento symptomatic es sufficiente in tal casos. Le resultato typic es un restablimento prompte e complete.

139 Kinoole Street

Case Reports

Severe Pre-Eclampsia in an Isolated Rural Community

J. I. F. REPPUN, M.D., Kaneohe

Case Report—"The Problem"

A 19-year-old, part-Hawaiian primigravida presented herself at the office in her fifth month for the first time. It is needless to say that she was obese and had already gained 30 pounds. However, her blood pressure was normal, the urine free of albumin, and the rest of the physical examination not remarkable except for dental caries. Her external pelvic measurements were adequate for the expected birth of a normal sized infant *per vaginam*. Her hemoglobin was determined to be 90 per cent of 14.5 gm, blood type A Rh positive, Kahn STS negative. Her past history was negative for significant illnesses, and her obstetrical course up to this first visit apparently had been uneventful.

As we expected, her prenatal visits were erratic even though transportation was offered by the local Public Health Nurse. It was also no surprise to us when the blood pressure started to rise and albuminuria appeared. The case history, so far, is typical of many seen by other plantation physicians on the outer islands, and it would have been nothing unusual to see this young woman go on to a seriously complicated parturition. However, she had enough sense to report in when she started having headaches ten days before her estimated date of confinement.

At this time she weighed 199 pounds with 3 plus pitting leg edema, 4 plus albuminuria, and a blood pressure of 150/124. The fetal movements and heart sounds were apparently normal. We were surprised when, after a long and serious exhortation, she did turn up at the hospital for admission. Mostly it was the statement that she might be going home again in a few days that prevailed. The fact that neither she nor her unemployed 280-pound husband had to worry about the cost—typically, again, they were on welfare—seemed to make little difference to them.

On admission her vital statistics were: temperature 98° F., pulse 100, respirations 20, with blood pressure 150/110 and weight 199 pounds. She was placed on a "salt free" diet, saturated solution of magnesium sulfate, 2 teaspoonfuls three times daily before meals, whole rauwolfia root (Raudixin) 100 mg twice daily, Apresoline 50 mg three times daily, and penicillin 400,000 units with streptomycin 0.5 mg once a day intramuscularly. The latter was given because we believe a focus of infection may be a factor in pre-eclampsia.

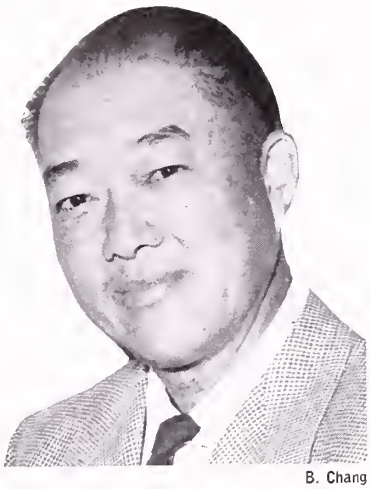
The next morning the edema and the albuminuria had improved but her blood pressure was 164/132. A sterile pelvic examination revealed the presenting vertex to be unengaged, the membranes intact, the cervix ripe and soft but not dilated.

A Lonely Doctor

Doctors practicing in and about the hospitals in Honolulu, and even those in the rural areas of Oahu who have never practiced on one of the isolated outer islands, may find it hard to picture the soul-searching anguish of a general practitioner who comes up against an expanding problem involving life and death without the close association of colleagues more experienced than himself, upon whose shoulders he can place some of the burden of responsibility. Even so, this is as

(Continued on page 277)

Received for publication October 1, 1957.



B. Chang

SAMUEL L. YEE, M.D.

The President's Page

Hypnotism is the most discussed medical topic of the day. The hypnosis symposium which followed the Pan-Pacific Surgical Convention has created wide-spread enthusiasm for hypnotism throughout the medical profession. This is in sharp contrast to the reaction of several years ago when its introduction was viewed with doubt and even alarm. The reason for this change is obvious; the doctors have taken over. And this is as it should be.

That hypnotism has developed into a useful instrument in our armamentarium cannot be denied. However, caution and wisdom should be exercised in its ministration, lest it degenerate into a racket. Above all, for the public good and safety, the medical profession must keep a firm grip on it.

> Asthma, flu, pruritus, hypertension—mesmerize, hypnotize. Lupus, chickenpox, nose bleed, constipation—mesmerize, hypnotize. Jaundice, piles, frustration, morbidity—mesmerize, hypnotize? Appendicitis, gallstones, starvation, fecundity—Shucks! Mesmerize, hypnotize...

' ' '

Kudos to Drs. F. J. Pinkerton and Joseph E. Strode and others who were responsible for the tremendous success of the 1957 Pan-Pacific Surgical Congress.

' ' '

The Hawaii Summer Medical Conference in July is definitely taking shape. Dr. Allan Leong and his committee have already picked their Mainland speakers. Extracurricular activities (with fluids) are also being arranged.

' ' '

Renegotiations for the Medicare contract will take place in 1958. Your Federal Medical Services Committee announces that now is the time for everyone to voice his opinion as to what our going fees in this community should be. That is the basis on which Medicare fees will be negotiated.

' ' '

Your HMA treasury is not healthy. A raise in dues is in the offing.

Samuel L. Yee, M.D.

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[EDITORIALS]

Fluoridation: Safe, Effective, *and* Proper

A joint study of fluoridation was conducted during 1957 by the Council on Drugs and the Council on Foods and Nutrition of the American Medical Association. They carefully considered both published evidence and oral testimony for and against the procedure.

Their findings were presented to the House of Delegates at the Philadelphia meeting last December in a 20-page report with five pages of bibliography and two tables. They concluded that:

> 1. Fluoridation of public water supplies so as to provide the approximate equivalent of 1 ppm of fluorine in drinking water has been established as a method for reducing dental caries in children up to 10 years of age. In localities with warm climates, or where for other reasons the ingestion of water or other sources of considerable fluorine content is high, a lower concentration of fluoride is advisable. On the basis of the available evidence, it appears that this method decreases the incidence of caries during childhood. The evidence from Colorado Springs indicates as well a reduction in the rate of dental caries up to at least 44 years of age.
>
> 2. No evidence has been found since the 1951 statement of the Councils to prove that continuous ingestion of water containing the equivalent of approximately 1 ppm of fluorine for long periods by large segments of the population is harmful to the general health. Mottling of the tooth enamel (dental fluorosis) associated with this level of fluoridation is minimal. The importance of this mottling is outweighed by the caries-inhibiting effect of the fluoride.
>
> 3. Fluoridation of the public water supplies should be regarded as a prophylactic measure for reducing tooth decay at the community level and is applicable where the water supply contains less than 1 ppm of fluorine.

The Reference Committee on Hygiene, Public Health and Industrial Health, to which this committee report was referred, was made up of Dr. Raymond Holden, Chairman (District of Columbia); Drs. Cyril Attwood (California), Henry Howe (Massachusetts), John Masterson (New York), and William Brennan (Pennsylvania). They heard further arguments, both pro and con, during their lengthy hearing. They agreed with the conclusions of the committee and recommended adoption of the report.

Lewis Alesen (California) moved that their report be amended to read:

> . . . *although* fluoridation of public water supplies *may be* a safe and practical method of reducing the incidence of dental caries during childhood, *the American Medical Association condemns compulsory medication for the prevention of non-communicable diseases.* [Italics added to indicate changes suggested by the amendment.]

Dr. Alesen also introduced a resolution to (1) withdraw the approval of fluoridation already given by the AMA, (2) request the Editor of the *J.A.M.A.* to "open its pages" to all data relating to the subject, especially those presented by its opponents, and (3) to invite "all physicians in their local medical societies to discuss these data freely without fear of stricture or reprisal." And finally, James Hammond, of Vermont, introduced a resolution to condemn "compulsory medication for the prevention of non-communicable disease."

There was further debate on the floor, when the reference committee presented its conclusions to the House for action. This action, when it came, was forthright. The amendment and both the resolutions were rejected, with only a scattered

handful of votes in their support. The report of the reference committee, approving the study committee's report, was adopted almost unanimously.

Thus was the unqualified approval of the American Medical Association given to the fluoridation program. Thanks to the opponents of fluoridation, the AMA has now endorsed not only its safety and efficacy, but its propriety as well.

It would be too much to hope that this resounding failure to convince fair-minded, intelligent physicians of the supposed dangers of fluoridation might shake the faith of the antifluoridationists in their position. No—they have undoubtedly concluded that the delegates were at best either inattentive or not truly open-minded. It may be hoped, however, that this forthright stand by the AMA will help to convince some intelligent citizens that the evidence and arguments against fluoridation have been weighed with care, by experts, and found wanting in substance.

Gastric Cancer Examinations

Cytologic examinations for gastric cancer have been a research project of the Hawaii Cancer Society for several years. This test—the chymotrypsin technique of Rubin—is available to patients in Hawaii, without charge, through their private physicians. It is simple, and causes little more discomfort than a gastric analysis.

Any physician may arrange for this test by calling Miss Hadano at 502-941. The most suitable candidates are patients with known or possible gastric cancer.

Free Choice of Physician

"Freedom of the patient to choose his own physician from among all readily available and legally qualified doctors of medicine has contributed heavily to the unprecedented quality and world leadership of American medicine. . . ." So runs the preamble to Resolution No. 6, introduced by Drs. Sawyer and Munro for the Colorado State Medical Society at the 1957 Clinical Session of the AMA in Philadelphia last December, and adopted unanimously by the House of Delegates.

The resolution reaffirmed a 1927 dictum of the Judicial Council to the effect that contract practice of medicine is unethical if "a reasonable degree of freedom of choice of physician is denied those cared for in a community where other competent physicians are readily available."

Other specific factors, one or more of which might make such a contract unethical, were detailed by the Reference Committee as follows: (1) Below-standard fees, (2) Underbidding by physicians to secure the contract, and (3) solicitation of patients.

A "captive" patient population, in situations where "other competent physicians are readily available,"—and perhaps even where they are not—is not conducive to the best medical care, and is out of line with the AMA's standards for ethical contract practice.

This is What's New!

Even though newspaper reports of "New Drug Cures High Blood Pressure" embarrassed clinical researcher Robert Wilkins, much good can be said about the drug **chlorothiazide.** Wilkins, who incidentally is the new president of the American Heart Association, found the preparation an extremely effective **diuretic** with remarkable efficiency in **lowering the blood pressure.** Side effects are few, and it will probably replace mercurial diuretics in many patients with hypertension and congestive failure. American Heart Association meeting, Chicago, October, 1957.

Add one more item to our negative knowledge of the spleen. Patients who have been **splenectomized** for various reasons still **produce antibodies,** at least tetanus antitoxin, the same as anyone else. *The American Journal of The Medical Sciences,* September, 1957.

Two new antibiotics, **Ristocetin** and **Kanamycin** may be effective where **penicillin fails** in treatment of **subacute bacterial endocarditis.** Dr. Umezawa of Japan reports on Kanamycin, used in treatment of tuberculosis, staphylococcal infections, and typhoid fever. Advantage: less toxicity? *U. S. News,* December 6, 1957 (with no apologies).

The late fall, early spring prednisolone molecules will be adorned with various methyl and fluoride side chains. **Medrol** by Upjohn and **Aristocort** by Lederle are both appearing in 4 mg tablets and have greater anti-inflammatory action than the parent molecule. The preparations, which are slightly dissimilar chemically, are claimed to produce less sodium and water retention and decreased gastric irritation.

"A New Method of Treating **Old Ulcers of the Legs"** was described in 1799. The essence of this new method was **firm compression bandaging** of the legs until the ulcer healed. A century and a half later, two physicians at the Central Middlesex Hospital find nothing to add to the recommended treatment. They suggest bandaging with a four-inch stockinet so tightly that some initial discomfort is produced. *British Medical Journal,* October 12, 1957.

Visualization of the coronaries by radioopaque dye has been performed in over 20 patients. Sites of coronary occlusion can be accurately demonstrated by this technique, with no complications. American Heart Association meeting, Chicago, Ill., October, 1957.

Chicago surgeons have performed **end-to-end anastomoses** between **internal mammary** and **coronary arteries** in dogs (with smaller vessels than humans). Homografts between aorta and left circumflex coronary arteries were also successful. *J. Thoracic Surgery,* November, 1957.

By "double blind" study, where both patient and physician are blind to the medication received, a New Yorker discovered that **Miltown** has precisely the **same effect as a placebo** on relief of emotional tension. Investigation was carried out in 1954 on twenty-five patients. Submitted for publication in the *Annals of Internal Medicine* in March, 1957, appeared in the November, 1957, issue which was received in Hawaii in December, 1957.

Look for **magnesium deficiency** in patients on prolonged **alcoholic debauches** or those receiving **repeated IVs,** especially with **vomiting** or **diarrhea.** The signs of this deficiency are muscular tremors, twitches, and other unusual muscle movements, occasionally advancing to convulsions with mental clouding and delirium. Potassium therapy may unmask magnesium deficiency. Treatment: magnesium sulfate, either IM or IV, with caution. *Annals of Internal Medicine,* November, 1957.

The American Medical Association, in its annual report on Medical Education in the U. S. and Canada, notes that last year almost **2,000 U. S. citizens** enrolled in **medical schools abroad.** This represents an increase of almost 500 in one year. This increase is regarded by the American Medical Association as a "matter of serious concern." *JAMA,* Nov. 16, 1957.

FRED I. GILBERT, JR., M.D.



New authoritative studies show that KYNEX dosage can be reduced even further than that recommended earlier.[1] Now, clinical evidence has established that a single (0.5 Gm.) tablet maintains therapeutic blood levels extending beyond 24 hours. Still more proof that KYNEX stands alone in sulfa performance—

- Lowest Oral Dose In Sulfa History—0.5 Gm. (1 tablet) daily in the usual patient for maintenance of therapeutic blood levels
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- Convenience—the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients

1. Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.



NEW DOSAGE. The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive ¼ of the adult dosage. It is recommended that these dosages not be exceeded.

TABLETS: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

SYRUP: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK
*Reg. U. S. Pat. Off.

In Memoriam -- Doctors of Hawaii -- XII

This is the twelfth installment of In Memoriam —Doctors of Hawaii.

Kikujiro Soga

Kikujiro Soga was born on September 10, 1870, in Sakashita machi, Ena gun, Gifu Prefecture, Japan. He was the son of Kyozo Soga.

After two years at Meiji Gakuen in Tokyo, he went to San Francisco where he finished high school. He pursued his medical studies at Cooper Medical College where he received his degree in 1898.

Dr. Soga started his practice in Paia, Maui, and practiced there from 1898 to 1914.

In 1900 he went back to Japan to be married. Dr. Soga and his wife, Nagase, returned to Hawaii and had three children.

In 1914 Dr. Soga gave up his practice and returned to Japan with his family. He was a devout Christian and, upon his return to Japan, he constructed a Methodist Church in his home town.

He died on June 7, 1915, in Gifu, Japan, at the age of 44.

Kichitaro Yanagihara

Kichitaro Yanagihara was born on January 21, 1873, in Jyunkei cho, Minami ku, Osaka, Japan.

He was graduated from the Medical College of Kyoto. He served as a police physician while in Japan.

In 1897 he arrived in Honolulu and aided in the care of the plague stricken people shortly after arrival. In 1898 he practiced in Hanalei, Kauai. A few years later in 1900 he took the position of plantation physician at the Kilauea Plantation Hospital.

At a meeting of the Board of Health, Dr. Yanagihara was given a special honor in 1906 for being appointed government physician by the Kingdom of Hawaii for the Hanalei district on Kauai, the first Japanese doctor to hold such a position. He held this appointment until 1919.

After that he went into private practice in Kapaa, Kauai. In 1930 he moved to Honolulu and was in private practice until 1940. During that time he was a member of the Japanese Hospital Medical Society.

Dr. Yanagihara with his wife, Kimiko, and daughter, Aiko, returned to Japan soon after his retirement from practice in Honolulu in 1940.

On March 14, 1942, Dr. Yanagihara died in Tokyo, Japan, at the age of 69.

Walter Heinrich Otto Hoffman

Dr. Walter H. O. Hoffman was a graduate of the University of Jena, Germany, in 1897.

In the following year he came to Honolulu. Oldtimers here well remember the red-whiskered young physician and his wife who lived here until 1910. Their residence was at the corner of Liliha and Wylie Streets. Mrs. Hoffman was popular in amateur theatrical circles.

Dr. Hoffman gained fame during the bubonic plague epidemic in 1900, at which time he performed the autopsy on all victims of the plague. Fee $200 apiece! It was said that other physicians were not keen on performing that duty.

Leaving Honolulu in 1910, Dr. and Mrs. Hoffman went on a trip which took them all over the world.

Dr. Hoffman then attended Rush Medical College and, after completion of his postgraduate work in 1915, he established offices in Chicago.

He was a member of the staffs of Presbyterian and Children's Memorial Hospitals and pediatrician at the Chicago Memorial Hospital.

Upon the death of Mrs. Hoffman in 1937, the family home was given to the University of Chicago for a fraternity house.

Dr. Hoffman died February 11, 1945, in Chicago at the age of 72.

A. P. C. R. Spinola

Little is known about Dr. Spinola, one of the earliest Portuguese doctors to practice in the Islands. We do know that he was a native of the Azores and a graduate of a Portuguese medical school.

While the date of his arrival in Hawaii is not known, he is listed in the Hawaiian Directory of 1896 as practicing at Buckle Lane in Honolulu. To complicate matters he is listed variously in the directories of the day as A. P. C. R. Spinola, P. C. A. Spinola, Ant, P. C. R. Spinola, and A. S. Spinola, all of the same address, all physicians, and all presumably one and the same man.

Dr. Spinola practiced in Honolulu for some ten years before moving to Paia, Maui, where he died on October 23, 1905, at the age of 69.

Edward Harris Armitage

Edward Harris Armitage was born April 19, 1858, in England, the son of a physician.

He pursued his studies at Guy's Hospital Medical College and at Cambridge. His M.R.C.S. (Member Royal College of Surgeons) and L.R.C.P. (Licentiate of the Royal College of Physicians) were both received in 1884. In 1893 Dr. Armitage was granted a diploma of Public Health from Cambridge University and his M.D. was granted by the University of Durham in 1902. Postgraduate studies in London followed later.

By 1896 Dr. Armitage had come to Hawaii and was practicing in Wailuku, Maui. He moved to Honolulu sometime in 1907 and practiced there for several years. In 1911 he settled in Hilo where he practiced until his death.

The doctor was a linguist of great ability and also contributed articles to the *Lancet* and other medical journals.

Dr. Armitage died June 29, 1914, at Hilo at the age of 56.

He was a member of the Medical Society of Hawaii.

Dr. E. S. Goodhue, who became one of Dr. Armitage's few real friends, wrote a most revealing biographical

sketch of the doctor which was published in the *Advertiser* of July 12, 1914, from which the following is taken:

> Dr. Armitage was a good physician, but an unsuccessful practitioner, though I have personal knowledge of his good judgment and careful methods in the treatment of patients under his care.
>
> With an original mind richly stored by good observing and discriminating study, he combined a really kind and friendly nature. The genial comraderie, however, was modified by his English training, and by a personal pride which he struggled against and which he latterly overcame to some extent.
>
> He was constituted to be lonesome in the midst of his friends, and his fine contempt for money was one of his most splendid qualities.
>
> Though he cultivated an appreciation of American things and people, he was naturally repelled by our unrestrained enthusiasm, loudness and utilitarian effort.
>
> The tang of Democracy did not suit his palate, and one of the anomalous things about his life was that he should have chosen to live in a country which shocked him daily when he could have been successful elsewhere. Perhaps it was impossible to be intimate with him. Some of the most admirable men have been impossible associates. And one of the saddest ironies of life is that such men, though intrinsically friendly, companionable, generous, though yearning for the touch of human sympathy and association, never get it, but are left in the midst of life as isolated as some rock in a waste of waters.

William Alphonse Schwallie

William Alphonse Schwallie was born November 22, 1866, at Russelville, Brown County, Ohio, the son of John Jacob and Mary (Kranner) Schwallie.



DR. SCHWALLIE

He was educated at Russelville High School and at Central Normal College in Danville, Indiana. His medical degree was granted by the University of Cincinnati Medical School in 1889.

From 1890 to 1897 Dr. Schwallie was physician at the State Hospital for the Insane at Columbus, Ohio. Moving to California from Ohio, Dr. Schwallie practiced in San Francisco until 1898. During the Spanish-American War, he served as physician in the Army Hospital Corps. He was on his way to the Philippines when he was assigned to Camp McKinley in Honolulu. In 1899 he resigned.

At the completion of his military service, Dr. Schwallie accepted a position as plantation physician and government physician at Kaunakakai, Molokai. By 1901 the doctor had moved to Pahala in the Kau district of Hawaii and was serving as plantation physician for the Hawaiian Agricultural Company.

On November 18, 1901, Dr. Schwallie married Miss Matilda E. Wills at Pahala. Dr. and Mrs. Schwallie were the parents of five children: Leonie (Mrs. Edward Cushnie), Cornelius, Noelani (Mrs. K. A. Murray), Hortense, and Wilhelmina (Mrs. William Harmon).

In addition to his medical duties, the doctor was deputy tax assessor for the Kau district from 1904 to 1913, a service for which he received no remuneration. In 1913 he came to Honolulu to accept an appointment as superintendent of the Oahu Insane Asylum, which position he held until his retirement in 1925.

Dr. Schwallie died November 17, 1932, in Honolulu within five days of his sixty-sixth birthday.

He was a member of the Medical Society of Hawaii, the United Spanish War Veterans, and the Elks.

W. S. Noblitt

W. S. Noblitt was born in Indiana in 1868.

His medical education was received at the University of Louisville.

The date of Dr. Noblitt's arrival in the Islands is not known, but on August 8, 1898, his marriage in Honolulu to Miss Berna S. Johnson of Idaho is reported.

The Pacific Commercial Advertiser of June 28, 1899, announced the forming of the Hawaiian Medicine Company composed of Mr. E. Johnson, Dr. W. S. Noblitt and Mr. Leo Schelberg. The article states that the *hui* has: "Equipped a complete laboratory for manufacturing a line of pure family medicines. Dr. Noblitt, the general manager, was for a long time U. S. government physician to the Indians and perhaps more thoroughly understands Indian medicine than any other physician in the world. Read what they say about their colic medicines. Salesroom open from 9 A.M. to 6 P.M. Free consultation from 11 A.M. to 12 M. every day excepting Sunday." Unhappily, the fate of the Hawaiian Medicine Company is lost to us.

Not only did the doctor practice medicine, but in 1903 his application to practice law in the district courts and before circuit judges at chambers on appeal was granted by Judge DeBolt of Honolulu.

Up to the time of his death Dr. Noblitt was actively engaged in campaign work for the Democratic party, and he served as one of the Hawaiian delegates to the National Convention at St. Louis in the summer of 1904.

Dr. Noblitt died October 19, 1904, in Honolulu at the age of 36.

He was survived by his wife and a young son.

George Jacob Augur

George Jacob Augur was born in New Haven, Connecticut, on October 1, 1853, the son of Abraham and Ellen (Morris) Augur.

His early education was obtained at Hopkins Grammar School and Yale Preparatory School. He then attended Yale University, graduating from the Medical School in 1875.* After his graduation, Dr. Augur served on the house staff of the New Haven, Connecticut State Hospital.

Moving to California from Connecticut, he practiced in Oakland for 15 years. During that time he was on the house staff at the Fabiola Hospital in Oakland. In the early part of his medical career, Dr. Augur practiced allopathic medicine, but in 1895 he became a practitioner of homeopathy.

On June 16, 1892, Dr. Augur married Ruth Dyer at Oakland. Their one son, Morris Curtis Augur, was born while they were in Oakland.

In 1898, finding that the climate of Oakland did not agree with him, the doctor moved his family to Honolulu where he practiced for 16 years.

In 1914 Dr. Augur went to Japan to teach the Bahai revelation under the direction of Abdul Bahai, former leader of the Bahai movement. He returned to Honolulu in 1918 and resumed his practice.

Dr. Augur died September 13, 1927, in Honolulu within a few days of his 74th birthday.

He was a member of the Yale Alumni Association of Hawaii, the Association of Yale Alumni in Medicine, International Hahnemannian Association, Alameda County Homeopathic Medical Society and the Odd Fellows.

* Some records say 1879.

Book Reviews

Highly Recommended*

Clinical Toxicology of Commercial Products.

By Marion N. Gleason, Robert E. Gosselin, M.D., Ph.D., Harold C. Hodge, Ph.D., D.Sc., 1160 pp., $16.00, The Williams & Wilkins Company, 1957.

An excellent, all-inclusive, highly practical treatise on poisons, which *every* doctor should *own*.

Occipitoposterior Positions.

By Edward L. King, A.B., M.D., F.A.C.S., F.A.C.O.G., 106 pp., $3.75, Charles C. Thomas, 1957.

Everyone who does obstetrics should read this and own it.

One Surgeon's Practice.

By Frederick Christopher, M.D., 151 pp., $4.00, W. B. Saunders Company, 1957.

A highly suitable gift for every surgical resident.

The Bases of Treatment.

By Neuton S. Stern, A.B., M.D., and Thomas N. Stern, M.D., 176 pp., $4.75, Charles C. Thomas, 1957.

A thoughtful and practical dissertation on therapy, especially for the young doctor.

The Clinical Aspects of Arteriosclerosis.

By Seymour H. Rinzler, M.D., F.A.C.P., 339 pp., $8.75, Charles C. Thomas, 1957.

A beautifully printed volume, written by a New York internist.

Zinsser Bacteriology.

By David T. Smith, M.D., Norman F. Conant, Ph.D., Joseph W. Beard, M.D., Hilda Pope Willett, Ph.D., John R. Overman, M.D., Ivan W. Brown, Jr., M.D., D. Gordon Sharp, Ph.D., Mary A. Poston, M.A., 953 pp., $11.00, Appleton-Century-Crofts, Inc., 1957.

Eleventh edition of a valuable and authoritative standard text.

Digitalis.

By E. Grey Dimond, M.D., 255 pp., $7.00, Charles C. Thomas, 1957.

A "should" for cardiologists.

Anatomies of Pain.

By K. D. Keele, M.D., F.R.C.P., 206 pp., $5.50, Charles C. Thomas, 1957.

Historic, philosophical, and fascinating.

Bone Tumors.

By David C. Dahlin, M.D., 224 pp., $11.50, Charles C. Thomas, 1957.

An invaluable reference work, beautifully printed and liberally illustrated.

* Inclusion in this department does not preclude subsequent review.

Symposium on Diseases and Surgery of the Lens.

Edited by George M. Haik, M.D., F.A.C.S., Elizabeth M. McFetridge, M.A., and Don Alvarado, 260 pp., $10.50, The C. V. Mosby Company, 1957.

Abundant illustrations and round-table discussions make this an outstanding book.

Selected Writings of Walter E. Dandy.

Compiled by Charles E. Troland, M.D., and Frank J. Otenasek, M.D., 789 pp., $15.00, Charles C. Thomas, 1957.

Every neurosurgeon would enjoy this.

Progress in Neurology and Psychiatry, Volume XII.

Edited by E. A. Spiegel, M.D., 657 pp., $12.00, Grune & Stratton, Inc., 1957.

Extremely valuable for neurologists and psychiatrists.

Modern Perinatal Care.

By Leslie V. Dill, M.W., F.A.C.S., 309 pp., $6.50, Appleton-Century-Crofts, Inc., 1957.

I am delighted with this book, particularly for its up-to-date critical analysis of the specialist obstetrician's current concept of numerous matters such as pelvic mensuration, nutrition during pregnancy, weight problems, Rh incompatibilities, and so forth. It is of great value in its "debunking" point of view. It cannot replace the experienced consultant, but should be of tremendous value to the general practice man, to teachers of prenatal classes and nurses. Its greatest value will not be to the specialist in obstetrics but it will serve him well for suggestions regarding talks, seminars, etc., before groups of the category referred to above. It will need to be brought up to date at relatively short intervals.

H. E. Bowles, M.D.

Technique of Fluid Balance.

By Geoffrey H. Tovey, M.D., 100 pp., $2.50, Charles C. Thomas, 1957

It is good to have available at last a *vade mecum* in which the principles of fluid and electrolyte physiology are neatly applied to clinical problems. The principles employed are up-to-date, and are stated clearly and concisely. The author shows how to evaluate the individual problem in an orderly manner, making use of the history, physical examination, and a few clinical laboratory determinations; how to plan the therapy; and how to deliver this therapy to the patient and follow its effects. Charts for calculating and following therapy are illustrated, and these appear to be simple and generally applicable. Methods of performing several bedside electrolyte determinations are given. These may be of special value when full laboratory facilities are not available.

This book is concerned with technique and omits distracting theoretical considerations and bibliographic notations. Its method can be followed and applied readily by all who handle fluid balance problems.

Hyman W. Fisher, M.D.

Principles of Clinical Electrocardiography.

By Mervin J. Goldman, M.D., 310 pp., $4.50, Lange Medical Publications, 1956.

The author presents a difficult subject in a schematic manner which makes it more readily understood than most textbooks on electrocardiography. In keeping with present-day concepts, he emphasizes the unipolar leads but also includes the bipolar standard leads in his discussions. The book is bound with cardboard, the paper of good quality, and the printing acceptable. It is profusely illustrated with anatomical and electrocardiographic correlations. It is a useful and economical reference for anyone interested in this subject.

T. F. Fujiwara, M.D.

Antibiotics Annual, 1956-1957.

Edited by Henry Welch and Felix Marti-Ibanez, 1135 pp., illus., $10.00, Interscience Publishers, Inc.

This is a well indexed collection of 157 papers and three panel discussions presented at the Fourth Annual Symposium on Antibiotics held in Washington, D. C., in October, 1956. The book serves as a useful reference to recent information on antibiotics, since nearly all phases of this field are considered. Helpful bibliographies are included with each paper. A great deal of national interest was produced by this conference among infectious disease men, since many felt that the use of combined antibiotics was over-emphasized, and the selection of one appropriate antibiotic was not given enough attention. Most of the papers are on a fairly academic plane; however, some of them concern the clinical application of both the new and older antibiotics. Several deal with the use of antibiotics in the food industry.

Donald W. Brown, M.D.

Clinical Use of Radioisotopes.

By William H. Beierwaltes, M.D., Philip C. Johnson, M.D., and Arthur J. Solari, B.S., M.S. (Physics), 456 pp., illus., $11.50, W. B. Saunders Co., 1957.

From a vast confusion of literature, mathematics, theory, and controversy, the authors have distilled the savory essence of practicality. Physicians contemplating usage of radioactive isotopes or those now actively engaged in isotope work will find this text an invaluable aid in understanding and solving common isotope problems. Chapter references and illustrations are profuse, well selected, and up to date. No other single book in this field can be more highly recommended to interested and referring physicians.

Robert G. Rigler, M.D.

The Philosophy of Medicine.

By William R. Laird, M.D., 64 pp., $3.00, Education Foundation of West Virginia, Inc., 1956.

This little volume is indeed a rare intellectual and spiritual tonic which should be welcomed by every physician, whether he be intern, resident or a busy practitioner. In brief essays, the author applies the five fields of philosophy—logic, esthetics, ethics, politics and metaphysics —to medicine, and delineates the qualities he considers essential in a physician in the light of philosophical analysis. His comments make excellent standards for every doctor taking stock of himself.

T. F. Fujiwara, M.D.

Gout.

By John H. Talbott, A.B., M.D., D.Sc., 205 pp., $6.75, Grune & Stratton, Inc., 1957.

This book is an excellent treatise of 183 pages and 285 references that completely reviews the story of gout on the basis of a very wide experience. Particularly newsworthy is the fact that the author believes that gout should now be completely controlled—that colchicine and Benemid should be given daily and may be continued over a period of years without harmful effect.

Acute attacks can largely be eliminated and the sense of well being can return; even defects in bones can fill in. Dietary restrictions are no longer considered important except to keep from being overweight, but large quantities of fluids should be recommended. If you have a case of gout to treat, read the book and become an expert not only in how to treat the acute attack but also how to prevent attacks with the proper use of the new drugs.

Nils P. Larsen, M.D.

The Salient Points and the Value of Venous Angiocardiography in the Diagnosis of the Cyanotic Types of Congenital Malformations of the Heart.

By Benjamin M. Gasul, M.D., Gershon Hait, M.D., Robert F. Dillon, M.D., Egbert H. Fell, M.D., 80 pp., $3.50, Charles C. Thomas, 1957.

The authors of this book reviewed 21 most common entities of cyanotic type of congenital malformations of the heart that they encountered in the last ten years. Then they proceeded to review the value of the angiocardiogram in their series and grouped them into four categories graded according to the value of the angiocardiogram as a diagnostic procedure. The accuracy of their interpretation was checked with the final diagnosis obtained by cardiac catheterization, surgery, autopsy, or any combination of these.

The salient points of the angiocardiographic features in each entity were emphasized with beautiful representative photographs. The hemodynamics in each entity were described with simple diagrams.

This concise handbook will be of great value to anyone interested in congenital heart diseases. Without reading a voluminous amount of literature, one will be able to understand the hemodynamics in the common varieties of cyanotic heart diseases. It will also permit one to decide whether angiocardiography may be of value or not just by observing three tables.

U. Goto, M.D.

Coronary Heart Disease.

By Milton Plotz, M.D., 353 pp., illus., $12.00, Paul B. Hoeber, Inc., 1957.

Coronary artery disease is the subject of this excellent monograph. The subject is a difficult one and demands a full and modern presentation. The author has given us such a volume.

Of special interest are the sections on etiology and statistics, geographic and ethnic factors, lipid metabolism, and the effects of tobacco. The author discusses the newest diagnostic tools, vectorcardiography, ballistocardiography, enzyme tests, exercise tolerance test, and the smoking test. The treatment of angina pectoris, infarction, shock, and the place of sex hormones, diet, anticoagulants, and surgical technics are presented in detail as well as the latest factual information concerning diet

(Continued on page 286)

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And once again, the sands start slipping slowly downward on another twelve months full of responsibility, and of challenge.

For HMSA, 1958 is also a year of new horizons. In this year, the Blue Shield Plan for Hawaii enters its twenty-first year of service to the Territory of Hawaii . . . protecting patients from worry, from anxiety, from financial insecurity in the face of medical bills . . . assuring the doctor and hospital of prompt and direct payment.

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HAWAII MEDICAL SERVICE ASSOCIATION

County Society Reports

Kauai

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, November 5, 1957, at 7:30 P.M. at the Wilcox Memorial Hospital Library by Dr. Wade.

Dr. Kim reported on the Diabetic Drive for the week of November 17 to 23. He received $100 from the Insurance Companies to put on the drive. Eight thousand kits were obtained with this money. The Woman's Auxiliary is to help distribute the kits to the various centers.

Dr. Kim also reported on the tuberculin testing on elementary grade schools. It was moved by Dr. Wallis to endorse this program and seconded by Dr. Cockett. Motion carried.

The third polio shot for school children was discussed. The Polio Foundation gave $1200 to spend on this program.

* * *

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, December 3, 1957, at 7:45 P.M. at the Wilcox Memorial Hospital Library by Dr. Wade, President.

Visitors present were Mrs. C. Patterson, of the Polio Foundation; Charles Fern, Kauai Polio Foundation; Dr. de Jesus of Wilcox Hospital; Dr. Walter Quisenberry, Director of Cancer Society; Mr. Uchima, and Miss Humphries.

Dr. Kim reported that he is still receiving envelopes on the Diabetic Survey and has received 20 or more positives.

Dr. Kim stated Mrs. C. Patterson and Mr. Fern, Mr. Uchima, and Miss Humphries were present at the meeting for the purpose of trying to decide how Kauai could be more effectively immunized against poliomyelitis. Mr. Fern and Mrs. Patterson both made the statement that $1200 is available to Kauai for the purchase of polio vaccine. It was stated that polio vaccine purchased through the Board of Health and used in a general immunization program could probably be purchased for 50 cents a shot, but if bought through the usual channels it would cost 80 cents a shot. Mrs. Patterson gave figures as to the number of children in each school who had received the vaccine. There seems to be many obstacles keeping a general immunization program in the islands from being effective. After a lengthy discussion, it was finally decided that there was probably need for more education of the people on Kauai on the subject of poliomyelitis and that should be the next step of the Polio Foundation.

Dr. Kim gave a report of the HMSA meeting which met at the Pacific Club on Friday, November 29, 1957. A trip to the Mainland was reported by Dr. Nance, Mr. Kennedy, Mr. Veltmann, and Dr. Beck. Apparently the delegates to the Mainland were anxious to find out what is done with the doctors who missuse Blue Shield plans in billing. According to Dr. Nance, they have no trouble with doctors on the Mainland. He is making recommendations that HMSA have individual contracts with doctors and the medical societies should handle all complaints and police the plan.

Election of officers followed with the following results: President, Eichi Masunaga; Vice-President, Sam Wallis; Secretary-Treasurer, V. Boido; Delegate, Sam Wallis; Alternate, Burt Wade.

Following the election of officers, Dr. Walter Quisenberry gave a short, interesting discussion of Cytology for the Detection of Cancer and showed a film of Pulmonary Cancer.

SAM R. WALLIS, M.D.
Secretary

Hawaii

The Hawaii County Medical Society held its monthly meeting on October 10, 1957, at 6:30 P.M., at the Hilo Hotel.

After a delightful dinner, Dr. W. R. Kirtley from the Lilly Research Laboratories, our guest speaker, presented a very interesting talk on the use of the sulfonylurea drugs in the treatment of diabetes mellitus.

Dr. Robert Miyamoto, president, called a short business meeting to order at 9:25 P.M. A communication from the Big Island Heart Association offering some textbooks to the Society was read. The Society accepted this offer.

Dr. Pete Okumoto, Chairman of the Polio Committee, estimated that there were about 4,000 people who have not received any polio shot on the Big Island. He announced that the Phase 1 of the Polio Inoculation Program will be held next month in November.

RICHARD M. YAMAUCHI, M.D.
Secretary

Honolulu

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, September 3, 1957, at 7:30 P.M. in the Mabel Smyth Auditorium.

New members welcomed into the Society were Drs. Patrick T. Lai, Joseph T. Nishimoto, Kaoru Sasaki, Donald F. B. Char, Lincoln Luke, Albert McGinnis, Henry N. Yokoyama, and associate member, Carl B. Mason.

A resolution in memory of Dr. Laurence M. Wiig was read and a minute of standing silence was observed by the membership.

The proposed Community Polio Program as reviewed by Dr. M. Hasegawa was approved following a lengthy discussion centering on Phase II.

A discussion was held on the 5 per cent increase in the conversion factor of the Relative Value Fee Schedule. A letter from Dr. O. D. Pinkerton, Chairman of the Federal Medical Services Committee, was read, which stated that such an increase will not correct dificiencies of the schedule as it applies to Medicare. Dr. McCorriston who discussed the OB-GYN procedures was also of the opinion that this whole matter should be reviewed by the Fee Adjustment Committee and that this over-all increase should not be pushed through at this time. A motion to have the Fee Adjustment Committee review the letter from Dr. Pinkerton and report back to the membership was seconded and passed. A motion to approve the 5 per cent increase, subject to the prompt review of the inequities discussed this evening, was made and carried.

An investment program for doctors was brought up for discussion. Mr. Robert S. Martin, of Investors Diver-

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Notes and News

PERSONALS

Golf Winners

General John Bohlender, MC, USA, recently won the third annual Hawaiian Golf Association Seniors championship.

Dr. Samuel Yee won in B flight in a golf tournament at Waialae Country Club in December. Honors in C flight went to **Dr. Richard Chun.**

Water Sports

Dr. Al Majaska's PC 60 took Class C honors in the 1957 racing season of the Hawaii Yacht Club.

Dr. Darian Paskawitz, having represented Hawaii in surfing in Israel, has been back representing Israel in surfing in Hawaii.

Babies

Dr. and Mrs. Gearge Ewing have a new daughter, Susan Faye, born October 9.

Dr. and Mrs. Ralph Beddaw have a new son, Christian, born October 29.

A son, Steven, was born November 21 to **Dr. and Mrs. Arna Mundt.**

Twins—James Allan and Maile Elizabeth—were born December 19 to **Dr. and Mrs. William Maare.**

Pan-Pacific Surgical Congress

New President of the Pan-Pacific Surgical Association, elected at the triennial meeting in November, is **Dr. J. E. Strade. Dr. F. J. Pinkertan** continues as Director-General. Registration for the meeting totalled a record 1,112, plus 144 who attended the Hospital Institute. Twenty-four countries were represented. The meeting cost an estimated $50,000, and was pronounced well worth it by the many satisfied visitors.

Plantation Doctors

Dr. David T. Waa of Pepeekeo became President of the Territorial Association of Plantation Physicians in November.

Honored for outstanding services to plantation health were: **Dr. Paul Caldwell,** Waipahu (retiring President); **Howard Liljestrand,** Aiea; **Gartan Wall,** Ewa; **Frank Hatlelid,** Waialua; **Harald Chandler,** Waipahu; and **William Wilkinsan,** Wahiawa.

New assignments for plantation physicians are: **Dr. Daniel Yuzan,** Olaa; **Dr. Charles C. Custer,** Lanai; **Dr. Edwin Willett,** Lanai; **Dr. James Luce,** Paauhau; **Dr. Keith Nesting,** Honokaa.

Travellers

Dr. and Mrs. L. A. R. Gaspar were briefly marooned on Kauai by Hurricane Nina over the Thanksgiving holiday weekend.

Dr. and Mrs. J. Warren White returned in October from a two months' trip around the world, during which Dr. White spoke at an international orthopedic meeting in Barcelona and at other medical gatherings.

Dr. and Mrs. Fred K. Lam spent Christmas in Hong Kong and New Year's Day in Singapore, after attending the Pan-Pacific Surgical Conference in Tokyo in November.

Dr. and Mrs. A. S. Hartwell returned in December from a trip to Chicago, where Dr. Hartwell attended a Directors' meeting of the American Heart Association.

Dr. Harry L. Arnald, Jr. attended the biennial state medical journal editors' conference in Chicago in October, and in December went to the AMA Clinical Session in Philadelphia and the annual meeting of the American Academy of Dermatology and Syphilology in Chicago. At the latter meeting he participated in the teaching program.

Dr. and Mrs. C. M. Burgess returned in December from a two-month Mainland trip which included the International Society of Surgery meeting in Mexico City.

Dr. S. C. Culpepper returns early in January from a two months' trip to his former home in Mississippi.

Dr. and Mrs. L. Q. Pang returned early in November from a month on the Mainland which included visits to New York and Kansas City as well as the American Academy of Ophthalmology and Otolaryngology and two other medical meetings in Chicago.

Dr. Lyle G. Phillips addressed the All-American Conference of National Organizations to Combat Communism at their meeting in Pittsburgh, Pa., November 15. Dr. Phillips gave his views on Communism in the Islands.

Dr. and Mrs. Robert Kimmich returned in December from a three months' trip to Europe. Dr. Kimmich spoke on Ethnic Factors in Schizophrenia at the International Congress for Psychiatry in Zurich and presided at the group psychotherapy section of the meeting of the Western Division of the American Psychiatric Association in Los Angeles.

Dr. Cyrus Loa and **Dr. Claude V. Caver** attended the annual meeting of the American Academy of Dermatology and Syphilology in Chicago in December.

New Jobs

Dr. Alex J. Steigman, chief of pediatrics at Louisville Medical School, succeeded **Dr. Irvine McQuarrie** in December as visiting director of professional education at Kauikeolani Children's Hospital, for a stay of three months.

Dr. Charles L. Wilbar, Jr., former chief of the Territorial Health Department, was recently promoted to the position of Secretary of Health—the top health position —for the State of Pennsylvania.

Dr. Rabert D. Bright became educational director for the Hawaii Heart Association last December. He will continue private practice, however, in the Waialae Shopping Center.

Dr. Alexander O. Haff has joined the Kauikeolani Children's Hospital staff as their part-time radiologist.

New Stars

Promotion from Brigadier General to Major General was recently announced for **General John Bahlender,** Tripler's commandant.

Dr. Rabert Faus was promoted to Brigadier General on the occasion of his recent retirement after 35 years of service with the Hawaii National Guard.

EUGENE W. MITCHELL, M.D.
1892-1957

Dr. Eugene W. Mitchell was born in Camden, Indiana, February 13, 1892. He entered the University of Louisville Medical Department in September, 1912, and graduated in June, 1916. Typhoid fever prevented his attending the graduation ceremonies.

After recovery from his illness, he served his internship at St. Joseph's Hospital in Louisville, Kentucky, where he received very good surgical training under Dr. Irvin Ables, a surgeon with a national reputation. After completion of his internship he received his commission in the U. S. Army as First Lieutenant and later Captain in the Medical Corps.

Gene and I became friends from the day he first attended school and this friendship has lasted right through life. He was a brilliant student and passed his examination without difficulty. He was always the first student to complete his examination papers. He was very meticulous in whatever he did, and in his clothes.

In 1924 I had decided to have an associate, so I asked Mitchell if he would like to come to Hilo to be associated with me. He agreed, provided the "uncivilized people in Hawaii" would not molest him. I reassured him that the people were just as civilized here as on the mainland, and he came to Hilo with me.

In 1936 I was planning a trip around the world with my wife. We were to leave in January, 1937. Dr. Mitchell heard of my contemplated trip, so he decided to pay me a visit and see what could be done about my practice, for he too wanted to leave Hilo and move to Honolulu. I thought it best to let him have the practice as his own during my absence. This he agreed to. Returning from our world trip, I resumed my old practice and Gene became my associate. Later he decided to branch out for himself and this he continued until his illness.

Gene had a brilliant son who works for the General Electric Company in New York State in a very responsible position.

Dr. Mitchell was a Fellow of the American College of Surgeons, and a member of the Southern Medical Association, the Ohio Medical Association, and the Hawaii Medical Association. He was also a member of Kappa Kappa Rho Fraternity. Besides being an M.D. he was deeply interested in art and a lover of beautiful things. He raised orchids and other plants. At one time he was chairman of the Parks Commission in Hilo, Hawaii.

VASCO ERIC M. OSORIO, M.D.

New Honors

Dr. David L. Pang was elected first Vice President of the Chinese Chamber of Commerce for the year 1958, and was installed as President of the Pun Tao (Birthday) Club on December 27. Among other officers and committee chairmen of the latter group are **Drs. L. Q. Pang** and **Thomas Y. K. Chang.**

Dr. Grover Batten has been elected President of the Honolulu County Medical Library. Vice Presidents are **Drs. H. F. Moffat** and **John J. Lowrey.**

Dr. F. J. Pinkerton was re-elected President of the Blood Bank of Hawaii in December, and **Dr. H. L. Arnold, Sr.** Vice President.

Dr. Richard S. Horio was named an Associate of the American College of Physicians in November.

New Book

Dr. Kazuo Miyamoto's new book, "A Nisei Discovers Japan," was published last fall by the Japan Times Press. It is a travelogue of a pre-war and a post-war trip to Japan.

New Offices

Dr. Raymond Hiroshige has moved his office to 914 Keeaumoku Street. His former associate, **Dr. Henry Yokoyama,** is continuing his general practice in the office formerly occupied by them both at 297 South Vineyard Street.

Dr. Frances Cottington opened her office for psychoanalysis and psychiatry at 1531 S. Beretania St. in December.

Dr. Donald Depp has returned after two years' postgraduate study on the Mainland, to begin the practice of ophthalmology in the Waikiki Medical Building.

Dr. Wilfred T. Ohta has moved to new offices in the Professional Center Building.

Dr James G. Harrison has returned from two years of Army service and opened his office for the practice of psychiatry and marriage counselling in the University Square Building.

Woman's Auxiliary

Mrs. Robert G. Johnston has been elected President of the Woman's Auxiliary to the Honolulu County Medical Society, succeeding **Mrs. Louis L. Buzaid. Mrs. George Garis** is the President-elect.

Hotel Physicians

The Hawaiian Village Hotel: **Dr. Kenneth Amlin.**
The Matson Hotels: **The Medical Group.**
Edgewater-Reef: **Alsup Clinic.**
Waikiki Biltmore: **Dr. M. Elizabeth Johnston.**
Halekulani Hotel: **Drs. Douglas Bell** and **Edward Boone.**

A.A.U. President

Dr. Barney Iwanaga, long volunteer examining physician for the Hawaiian Association of the Amateur Athletic Union, was elected its President recently.

NEWS

Esophageal Speech Training

In recent years, great progress has been made in training people to speak again who have had laryngec-

(*Continued on page 279*)

Hawaii Medical Association

AMA Delegate's Report

On hundred ninety-five delegates attended the Philadelphia 1957 "Clinical" Session of the AMA, December 3-6. I was appointed a member of the Reference Committee on Reports of Board of Trustees and Secretary. Highlights of the actions of the House follow: The House

ADOPTED a Colorado resolution reaffirming adherence to the principle of free choice of physician as essential to ethical practice.

REFERRED for further study a resolution limiting Service Membership to career officers.

REORGANIZED the AMA by combining the offices of secretary and treasurer into one secretary-treasurer to be chosen by the Trustees from their own number; discontinuing the job of General Manager and creating that of Executive Vice-President; and making a few more minor changes, which will be detailed in the J.A.M.A. very soon, and will not actually take effect until the necessary amendments are adopted next June in San Francisco.

ORDERED all materials sent to Delegates sent to Alternates as well.

ESTABLISHED a new committee to study neurological disorders in industry.

DISAPPROVED fluoroscopes for fitting shoes.

APPROVED (almost unanimously) the safety, efficacy, and propriety of fluoridation, rejecting a resolution which stated that "the AMA condemns compulsory medication for the prevention of non-communicable disease."

APPROVED of group practice provided "ownership and management" remain in the hands of licensed physicians.

OPPOSED the Forand Bill, H.R. 9467, which would pay for surgery and hospitalization for retired and survivorship beneficiaries under the Social Security Act.

REJECTED a resolution to substitute a prepaid medical care program such as Blue Shield for Medicare.

REFERRED for study by the Trustees another resolution asking for a non-political investigation of the social security system.

REJECTED a resolution to combat misleading TV and radio advertising (as it relates to public health) by legislative means.

REFUSED a second time to poll the AMA membership on coverage of doctors under OASI, on the ground that doctors were not well enough informed to decide wisely on this question.

REAFFIRMED their support of the Jenkins-Keogh bills.

REJECTED a suggestion that the National Intern Matching Program require participating hospitals to take 25 percent fewer interns.

REFERRED to the Trustees for implementation an Indiana resolution urging "more adequate representation of the practicing physician in the national accreditation program for schools of nursing."

OPPOSED for the second time abolition of the military Veterinary Corps.

ENDORSED current and proposed civil defense plans and conferences.

URGED participation by Federally employed physicians in county medical society affairs.

COMPLIMENTED the Woman's Auxiliary on its work.

APPROVED the establishment of the American Medical Association Foundation for Medical Research.

INSTRUCTED the Trustees to seek conferences with manufacturers to promote more equitable distribution of "important therapeutic products" (e.g., Asian Influenza vaccine).

URGED establishment of "a completely adequate and competent medical department . . . in the Civil Aeronautics Administration."

COMPLIMENTED the General Electric Company on its TV exposes of quackery.

CRITICIZED Cuba for persecution of physicians who treated rebels.

REAFFIRMED their responsibility for making AMA policies.

The above excerpts cover perhaps two-thirds of the actions taken. Service on a reference committee prevented me from attending other committee hearings. I was told that antifluoridationists from various parts of the country attended the hearings on the report of the joint committee on fluoridation of the Council on Drugs and the Council on Foods and Nutrition, and argued their negative position at great length. No other piece of business came in for anything like such extensive and intensive argument. It is amusing to note that the House of Delegates, which had been about to approve only the *safety* and *efficacy* of fluoridation, approved the *propriety* of it as well, when this question was raised, in desperation, by the antifluoridationists!

(*Continued on page 280*)

SEARLE *announces...*

a superior psychochemical
for the management of both
minor and major
emotional disturbances



Dartal T.M.

dihydrochloride — brand of thiopropazate dihydrochloride

- more effective than most potent tranquilizers
- as well tolerated as the milder agents
- consistent in effects as few tranquilizers are

Dartal is a unique development of Searle Research, proved under everyday conditions of office practice

It is a single chemical substance, thoroughly tested and found particularly suited in the management of a wide range of conditions including psychotic, psychoneurotic and psychosomatic disturbances.

Dartal is useful whenever the physician wants to ameliorate psychic agitation, whether it is basic or secondary to a systemic condition.

In extensive clinical trial Dartal caused no dangerous toxic reactions. Drowsiness and dizziness were the principal side effects reported by non-psychotic patients, but in almost all instances these were mild and caused no problem.

Specifically, the usefulness of Dartal has been established in psychoneuroses with emotional hyperactivity, in diseases with strong psychic overtones such as ulcerative colitis, peptic ulcer and in certain frank and senile psychoses.

Usual Dosage • In psychoneuroses with anxiety and tension states *one 5 mg. tablet t.i.d.*

• In psychotic conditions *one 10 mg. tablet t.i.d.*

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

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HAZEL KIM, *Associate Editor*
MILDRED KIM, *Associate Editor*

OLIVE C. PRIDGEN, *Executive Secretary*



PRACTICING VENIPUNCTURE Civil Defense photo

Mrs. Pearl M. Ulukou, St. Francis Hospital, injecting needle; Mrs. Margaret A. Rodearmel, Leahi Hospital, holding bottle. Patient is Pablo Manguba, Leahi Hospital orderly.



Civil Defense photo

LEARNING TWO-MAN CARRY HOLD

From left to right: Mrs. Sybil S. K. Wong, Territorial Hospital; Lt. John Crane, Tripler Army Hospital, instructor; Nora Kaeck, Leahi Hospital; Mae Tokunaga, St. Francis Hospital.

EDITORIAL STAFF CHANGES

The Editor and the editorial staff are sorry to see Anne Camara, Associate Editor in charge of General Interest Division, and Nora Shiroma, Associate Editor in charge of District News, leave this staff of the Inter-Island Nurses' Bulletin. They have given their time unselfishly and willingly. The staff at this time bids them fond aloha.

The Editor at this time would like to introduce Mrs. Hazel Kim, R.N., B.S., and Miss Katsuko Takiguchi, R.N., B.S., who will fill the vacancies of the two departing associate editors.

Mrs. Kim is a graduate of the St. Francis Hospital School of Nursing. She received her Bachelor of Science Degree in Nursing Education from the Catholic University of America in 1950. At present, she is an Assistant Director in Nursing Education at the St. Francis Hospital School of Nursing. Mrs. Kim is also President of the Nurses' Association, District of Oahu.

Miss Katsuko Takiguchi is a 1951 graduate of The Queen's Hospital School of Nursing. She received her Bachelor of Science Degree in Psychiatric Nursing and Public Health Nursing from the University of Washington in 1955. Miss Takiguchi is the outgoing Secretary of the Nurses' Association, District of Oahu. At present she is the Psychiatric Nursing Supervisor of the Territorial Hospital and the Editor of *Lau Lono,* the Territorial Hospital monthly publication.

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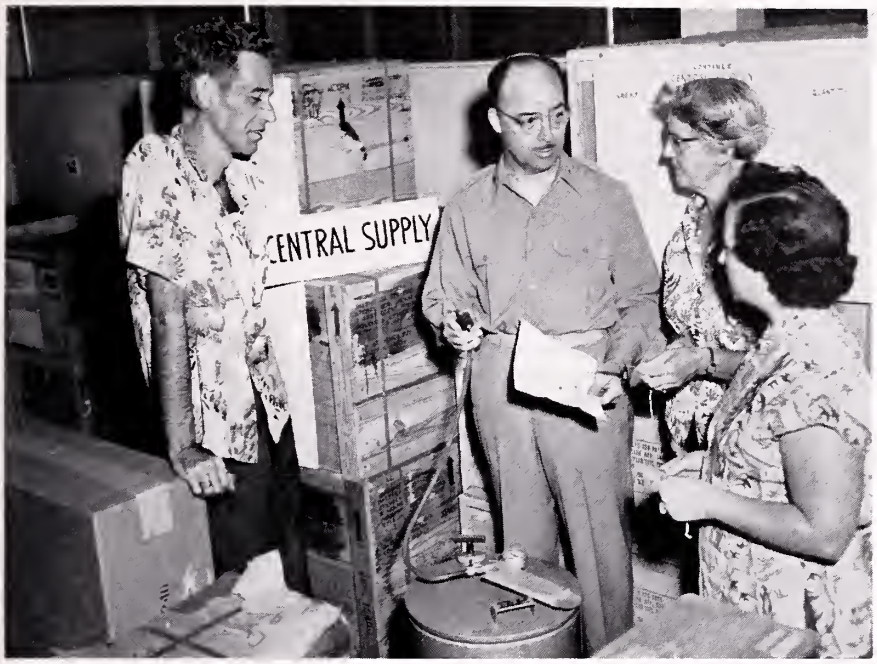
This issue stresses the importance of the nurses' role in Civil Defense. It should be of great interest to all medical and paramedical personnel. We are proud of the leadership shown by our profession and feel certain that in the event of an emergency, the nurses will be prepared.

DISASTER NURSING

You can beat the H-bomb. And the nurses in the Territory have set about to show that it can be done.

In any national disaster resulting from an atomic attack, nurses will have a major role in relieving suffering, applying emergency life-saving measures, preserving or restoring normal health services, and increasing the chances of survival of casualties.

This will mean a tremendous strain on nursing personnel who will be needed at first aid stations and hospitals to administer first aid and general casualty care. In addition, other installations where large groups of people are housed,



STUDING SURGICAL APPARATUS

From left to right: Lee G. Wheeler, Territorial Health Department; Major Robert L. Smith, Tripler Army Hospital; Mrs. Margaret A. Rodearmel, Leahi Hospital; and Mrs. Rita Gallegos, the Queen's Hospital.

Tripler Army Hospital photo

such as reception areas, will present health problems. Many of these will undoubtedly be increased as a result of crowding, emotional and physical stress, and disruption of sanitation and health facilities. In these places, the nurse may have to cope with a wide variety of health problems, such as communicable and chronic diseases, old age, infant health, maternal health, and mental health.

Realizing all this, NATH early in 1957 established a Civil Defense Committee consisting of Sister Mary Laurine of St. Francis Hospital, chairman; Alison MacBride, then chief of the Public Health Nursing Bureau, Territorial Department of Health; and Agnes Peterson, nurse supervisor of a special tuberculin testing program.

The committee met with nursing directors from the local hospitals as well as Tripler Army Hospital and formed a training program. Instruction began in mid-March and ended recently. In the initial training phase, Tripler Hospital staff members taught local nurses who became instructor-trainees. Eight agencies were represented in the training program.

OPERATING UNIT SUPPLIES

From left to right: Mildred A. Matsumoto, Kuakini Hospital; Louise Crute, Red Cross; Yukiko Kojiro, Kuakini Hospital.



Civil Defense photo

Tripler instructors included Majors Erna Thompson, Rita Rourke, and Dorothy Parsons; Captains Elaine Corrigan and Helen Lundahl; and Lt. John Crane. Lieutenant Colonels Daisy McCommons and Edyth Turner, nursing directors, arranged for their services.

In the opening phase, they covered problems in the care of mass casualties including operating room techniques, shock ward, wounds, burns, babies, evacuation of casualties, decontamination, and venipuncture.

In addition to mass casualty care, nurses learned how to set up the Civil Defense 200-bed emergency hospital with Tripler's Major Robert L. Smith as instructor. This is the field hospital that can operate in any suitable building to augment existing hospitals in time of major disaster. Its crated equipment can be carried in a truck and the hospital opened for use in four hours' time. Territorial Civil Defense has stockpiled four such units.

Actually, training has only begun. For with a cadre of instructor-trainees available, NATH now will push its plans to teach other nurses in the Territory by sending instruction teams to the neighbor islands.

Over 150 Oahu nurses took this 16-week course last summer. Subjects covered in the overall disaster nursing training program were: Civil Defense organization and functions, evacuation of the population and evacuation areas, casualty stations in atomic disaster, hospitals in atomic disaster, the nursing womanpower in atomic disaster, and nursing care in mass casualties.

Both modern warfare and medical techniques are in a constant state of development. Nurses have kept pace and have geared nursing services to changing conditions. If any emergency occurs, they will be ready.

NURSES PREPARE YOURSELVES FOR CIVIL DEFENSE!

This issue of the INTER-ISLAND NURSES' BULLETIN is devoted to Civil Defense.

The Federal Government and the Territorial Civil Defense Agency have spent much time and money to interest people in the civil defense program. A recent example of this was the hurricane Nina. Though the islands did not suffer much damage they could have since most of the dwellings here are not built to withstand gusts up to 120 miles an hour.

Another example is the news of Sputnik, which illustrates the tremendous progress Russian scientists have made in the field of guided missiles. Russia with their fleet of submarines could lodge guided missiles with atomic heads and destroy the Hawaiian Islands, a key perimeter to the defense of the Mainland. If an atomic bomb were dropped in the vicinity of Pearl Harbor, numerous fires, deaths, and injuries caused by the initial blast would be followed by radioactive fallout over practically all of the island.

The nurses will play an important role in common disasters. Nurses will need to care for the sick and injured as well as to protect the health of the community. As nurses we should prepare ourselves for common disasters as well as for other unforeseen disasters by taking refresher and civil defense training courses.

All nurses are urged to contact Sister M. Laurine, Chairman of NATH Civil Defense Committee, at St. Francis Hospital, 66-171, for further information on the Role of the Nurse in Civil Defense.*

CIVIL DEFENSE COURSE FOR STUDENT NURSES

The course in Civil Defense given to our students at The Queen's Hospital School of Nursing is designed mainly to stimulate an interest in and a desire to assume a part of the responsibility for preparing the community for a major disaster. Its main objectives are first, to develop an acquaintance with the Civil Defense program for the Territory, and, second, to learn certain nursing techniques which could be used in case of a disaster. No attempt is made at the present time to give detailed classes on the various phases of disaster nursing because it is felt that they will be covered after graduation when the course is taught under the auspices of Nurses' Association Territory of Hawaii and also because of a limitation in class time. However, students are given some nursing measures which can be utilized during major emergencies.



RUTH LAM

The entire course, which is a combination of first aid and disaster nursing, is divided into two sections. The first section takes up the various first aid measures and procedures which would be used, not only in an ordinary emergency but also in a major disaster such as nuclear warfare. This consists of practice, as well as discussion and demonstration, and includes care of fractures, burns, wounds, hemorrhages as well as cases of shock and decontamination. The second section is concerned

* Mrs. McPherson has announced that Kauai is the first of the neighbor island negotiating with Sister Laurine for a training program. [Ed.]

with the Civil Defense Organization, its plans and its efforts to carry out a program. There is one class period devoted to the Territorial agency itself which covers such things as its functions, personnel, and financial support. Another period takes up the medical and psychological aspects of atomic warfare with emphasis on what each group can expect to encounter and how to cope with the resulting casualties. Some time is spent on the nurse's role in nuclear warfare. There is also a tour of the police department and the Civil Defense headquarters at the Diamond Head tunnel.

A film showing the magnitude of atomic warfare destruction and a general description of how Civil Defense organizations work is shown at the beginning of the course. Use of this film called "Front Line of Freedom" makes the course realistic. Another film called "To Live Tomorrow" emphasizes danger and the ways of controlling panic.

Following is a short list of annotated bibliography that is given to the students:

1. Freman, Ruth: Nursing Care Following Exposure To Ionizing Radiation, *American Journal of Nursing,* February, 1951. Discusses in detail, the symptoms and nursing care of radiation casualties.
2. Leavitt, Frederick H.: The Nurse and the Atomic Bomb, *Public Health Nursing,* 43:585-588, November, 1951. The role of the nurse in atomic catastrophe is presented, including both physical and psychological aspects.
3. Mrak, E. M.: Special Foods for Emergency Situations, *American Journal of Public Health,* 42-379-384, April, 1932. This article gives information regarding dehydrated and concentrated foods and their use in emergencies.
4. Lueth, Harold G.: Meeting Disaster, *American Journal of Nursing,* Vol. 56, No. 9, pp. 1135-1138, September, 1956. Planning of a program and training personnel in order to be prepared for disaster.
5. Emerson, Charles, and Bragdon, Jane: Nursing in Disaster, *Essentials of Medicine,* 17th Ed., Philadelphia, J. B. Lippincott, 1955, pp. 881-887. Modified procedures for emergency situations and the role of the nurse in civil defense.

MRS. RUTH LAM*

PRINCIPLES OF SURGERY IN MANAGING MASS CASUALTIES†

WARNER F. BOWERS
Colonel, MC, USA

The basic principles of management for cases of traumatic injury have been proved over and over. These principles may be modified somewhat to meet existing circumstances but will not change radically. All of our effort must be based on an accurate appraisal of the situation and current inventory of the personnel and material available, followed by proper triage of the casualties. What we are able to accomplish will be directly related to the number of casualties requiring care as compared to our capabilities from the standpoint of trained people and supplies.

It has been said that thermonuclear warfare is too horrible to contemplate and that, like the chemical agents, no one will dare use them for fear of massive retaliation. Possibly this is so, but no one has advocated that we neglect training to meet the threat of chemical warfare. Neither can we write off thermonuclear warfare this casually. All of our effort in training may be like insurance against fire which does not take place or theft which does not occur. Nonetheless, mature men recognize the need for such insurance.

Recognition of the Problem

It might be assumed that because much has been said and written about mass casualties, the problem is well recognized and delineated. This, however, is far from the truth, and there are three distinct schools of thought or lack of thought. First is the muddle headed school characterized by the oft-repeated statement, "We can handle the problem when it arises because we are used to treating cases of trauma every day."

For many years the American College of Surgeons has recognized that trauma cases, in general, are poorly treated; and it has been a common saying that it is safer to be wounded in battle than on the streets of one of our large cities. If medical practitioners handle individual cases of trauma poorly, what will they do when called on under adverse conditions to handle 50 cases, 100 cases, 1,000 cases, or 10,000 cases? Even physicians with previous military experience function poorly in a civilian disaster of such relatively small proportions as that at Worcester, Mass., in June of 1953, when there were 1,500 injured. The resulting fiasco indicates clearly what can happen when there is no prior planning, no co-ordinated direction of effort, and poor adherence to well-known surgical principles.

Second is the academic school characterized by the belief that in a disaster all burn patients will have blood potassium determinations, individually calculated diets, massive occlusive dressings, and routine injections of various antibiotics, just as we do for individual patients in a teaching center. Such dreamers envisage evacuation of 100,000 casualties in 24 hours by helicopter to large hospitals miraculously empty of patients and with staffs and supplies ready and waiting. It hardly seems necessary to point out that most hospitals are always full to the doors, that usually they are located in an urban area which will be well within the zone of destruction, and that our available helicopters will accommodate two litters and one sitting patient. For our 100,000 casualties, therefore, allowing 30 minutes per trip and realizing that only daytime flights are possible, it would require 1,388 helicopters; or if we spread completion of evacuation over a three-day period, it would require 463 helicopters.

Third is the naive school characterized by the belief that we need not stockpile penicillin be-

* Clinical Instructor, The Queen's Hospital School of Nursing.

† Reprinted from *U. S. Armed Forces Medical Journal,* June, 1956. Tripler General Hospital, Honolulu.

cause we can buy it at any drugstore; or that all we have to do to obtain suture material is to go to the dime store for cotton thread; or that doctors, nurses, and supplies will materialize from surrounding villages in case of disaster to the city; or that there won't be any casualties anyway because we will all jump in our cars and head for the open spaces. In a recent small disaster there were about 30 casualties. The local community in a rather small town was completely incapable, and even with supplies and teams from a fairly distant large city, it was 72 hours before the last patient was operated on.

It would seem that our most pressing problem is the injection of realism and common sense into our discussions, with emphasis on doing the best we can with the means at hand.

First, let us emphasize the sheer magnitude of the caseload. When Hiroshima, with a population of about 300,000, was devastated by our smallest A-bomb, 70,000 persons died, 15,000 were reported missing, and from 80,000 to 100,000 persons sustained injuries. Newer weapons may do a hundred times the damage so that maybe the proportion of from 1 to 3 injuries per 10 population may not be out of line. Suppose we look at the personnel aspect of the caseload. On the average, one operating team will take care of 15 casualties in 24 hours, but let's step this up to 1 an hour for the sake of argument. This means that for our 50,000 casualties over 2,000 surgeons are needed, to say nothing of anesthetists, nurses, and helpers, or if we spread this out over 48 hours, we still need 1,000 surgeons. A minimal list of supplies needed to care for 1,000 mixed casualties for a 72-hour period has been drawn up and fairly well agreed upon. For travel over paved roads, this amount of supplies can be loaded into two 2½-ton trucks; for unpaved roads, 4 such trucks are needed; and if travel is to be over open terrain, 6 trucks are required. For our 50,000 casualties, therefore, 100 to 300 truckloads of supplies would be required. This means lots of loading, unloading, and gasoline consumption. At least 25 per cent of the casualties will have burns involving from 20 to 30 per cent of the body surface; and for 1,000 casualties with 30 per cent of the body surface burned, who are treated by occlusive dressings and with optimal fluids furnished, 5,712 pounds of dressings occupying 890.4 cubic feet plus 42,066.5 pounds of fluids occupying 15,281.3 cubic feet are needed. Figures for burns involving 20 per cent of the body surface are not significantly smaller. This means that for dressings and fluids alone, 1,000 burn casualties require seven 40-foot boxcars, and to treat our 12,200 burn casualties, therefore, 85 boxcars would be required.

Suppose we are warned and that all of us jump into our cars to evacuate the city. This requires cars and gasoline, but also it presupposes a destination with food and shelter at the other end of the trip. Consider the situation if we add panic to the usual traffic problem, or permit a hysterical mother to go across town to pick up the children at school. It has been said that if the people of San Francisco jumped into their cars and headed across the Golden Gate Bridge, 72 hours later the last car would get across the bridge and the head of the column would be entering Salt Lake City, Utah.

Triage

Proper sorting of patients is the essence of military surgery, and its aim is to categorize patients into groups such as those requiring immediate operation, those requiring treatment for shock or other resuscitation before operation, those who present no surgical emergency but can either be evacuated to the rear for care or can be kept a short time and returned to duty, and finally those whose condition is so serious that operation is not indicated. This last point brings up an interesting theological point. It has been said that in mass casualty work no doctor can "play God" and decide who is to die without treatment. Such a statement can never be made by a surgeon with any experience, either civilian or military, because a practical surgeon realizes that he accepts the responsibility for life and death as an unconscious part of his daily work. Anyone with the slightest experience in combat surgery knows that certain patients who are obviously fatally injured are not operated on and this time is saved for a patient who can be benefited. This is not "playing God" but is a part of the day's work and is accepted as such by anyone capable of assuming the responsibility of being a surgeon.

Sentimental and inexperienced persons also raise ethical objections to triage of patients and pose hypothetical problems which may arise in the sorting of mass casualties. For example, the emotional cry of "save the women and children first" may be raised. Some wish to raise the economic and social status of the patient as a criterion. Here the battle cry would be "save the bank president first and let the janitor die." This could lead to absurd lengths and those who bring up such a matter obviously have had no experience and have not thought the problem through. Suppose there are 250 patients in severe shock and there is one-half pint of available blood, a not inconceivable situation. Shall we give each patient 1 ml of blood, or shall we eliminate from consideration those patients who are beyond our help and concentrate our efforts on saving patients who are salvageable?

Obviously, we must stick to the basic principles of triage, selecting those patients whose condition

warrants immediate operation, choosing those patients whose condition indicates resuscitation before operation, and segregating those patients for whom operation is not indicated because of the fatal nature of the condition. The heavy responsibility resting on such decisions indicates clearly why we have always said that the senior man in point of experience is the man for assignment as triage officer. Obviously, also, in mass casualty work, the triage officer must balance his decisions against availability of trained personnel and supplies. It will do no good to select patients for treatment of shock if there is no intravenous solution, nor will it be sensible to select patients for immediate operation if there are no surgeons. It seems logical to me that our treatment, in the event mass casualties are sustained, will of necessity be on a sliding scale depending on caseload and capabilities. What we need to do is to set up a system of priorities, listing the order in which case groups or procedures will be dropped from consideration as the caseload exceeds therapeutic capabilities. Here is the place for hardheaded practicality and a return to essential elements of basic principles. There is no place here for the sentimental slogan that every man must have the maximum in care and no casualty may be denied treatment. As a matter of fact, we may have to become considerably tougher in our thinking. What of the possibility of using cadaver blood for transfusion? Have any plans been made to include this? Is it possible that we might someday consider using the moribund and hopelessly injured as exsanguination blood donors? Such ideas are repugnant to us now but so is cannibalism until you are starving.

It seems unwise to attempt to set up such a list of priorities herein but certain general points can be stressed. For example, the sorting of patients is a constantly changing thing from the standpoint that the patient's condition changes and availabilities change. A patient in the resuscitation group may change to the immediate operation group when shock is overcome or may change to the "no treatment" group if shock is irreversible. Also, it may be that, faced with a tremendous caseload of abdominal injuries, we would have to decide that we had neither the time nor the personnel to carry out abdominal exploration, and we would revert to conservative management. However, if suddenly a group of surgical teams arrive for duty, the triage is immediately revised and these patients enter the "immediate treatment" group, if their condition has not deteriorated beyond that point. The sliding scale and constant change with shifting circumstances makes it impossible to set out dogmatic lists and again places a premium on surgical experience and judgment.

Furthermore, presuming that an evacuation system will be possible, triage is repeated at each installation, again because of possible changes in the patients' condition or changes in personnel and supply availability at the different installations. It is re-emphasized that triage is not a final and one-shot decision but is synonymous in some respects with surgical judgment.

Chain of Command

The moment a triage officer begins to select patients in a civilian disaster that immediate operation or for resuscitation, the concept of chain of command comes up, because every civilian physician within miles will at once question his authority and ask by what right he directs therapy. One of the most difficult points to put across to civilian physicians is the need for teamwork and division of labor for the common good. Each one demands for himself the right to decide what therapeutic procedures he will use and totally rejects what he considers meddling in his business, whether or not he is qualified, being irrelevant to him. We in the military service know the necessity for teamwork and the necessity for at least minimal standardization of therapeutic procedures. In the service it is simple to arrange that only the qualified receive assignments requiring special skills, and probably our patients would do even better were we to exercise more supervision over methods of treatment. In time of disaster, it is essential that previously designated leaders assume control as early as possible to prevent waste of supplies and professional effort. The Worcester tornado again is a good example of what should not happen. Without leadership, one hospital became completely overrun with patients and relatives while another hospital nearby received almost no admissions. Doctors climbed over patients in the ambulances, trying to treat them instead of establishing a flow of litters to the emergency room. There was no designated authority and, therefore, no coordination between the blood collectors and the blood users.

At present, there is no one to assume command in civilian communities should a disaster strike, and usually the armed services are called in to organize the effort. It seems possible that in the event of mass casualties, martial law will be declared, thus making the military responsible. Therefore, it is highly desirable that we be ready and prepared to assume this role.

Organization

It is all very well for surgeons to talk about what they will do in the event of mass casualties, but actually nothing will be accomplished unless there is a very efficient, preplanned organization which

(Continued on page 272)


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(Continued from page 267)

will get the doctor to the patient or the patient to the doctor, assure a steady flow of supplies, provide for evacuation of patients, and do the hundred and one things which the surgeon will be too busy to bother with. This preplanned ogranization is familair to the military men but is unfamiliar and repugnant to civilians who proudly rebel at "regimentation" or interference with their "freedom of action." Without organization, in the event of disaster, they will be free to die and that is about all. The plans must include provision for warning and continuing communication so that orders and directives may be disseminated. Block and area wardens must be ready and previously trained to supervise rescue work and first aid as well as police protection and fire fighting. Very early, engineers must be ready to bulldoze roadways through the rubble, and then immediate traffic control will be essential. According to a preconceived plan, litter teams and other conveyances then can start evacuating patients to aid stations where triage, resuscitation, and first aid will be done and where food and shelter will be provided. Here, or close by, the medical regulating officer must direct evacuation to designated emergency hospital areas or special treatment centers. During all this, the supplies must be coming forward, immunization and public health matters must be taken care of, and welfare work must be progressing. This is indeed a complicated organizational setup but one which is routine for the combat forces, and the civilian group might well copy the military organization in the event of mass casualties. Such an organization does not spring up overnight, nor does it develop like Topsy without direction.

Training Program

The training program must be an extensive one, covering all of the functions listed in the previous section on organization, and most persons in the civilian community could well afford to become proficient in at least one of these fields. In addition, every individual should be qualified in first aid and the elementary technics of survival. First aid and self-help may be lifesaving in an emergency.

Some plans have included formation of definitive teams such as surgical, shock, orthopedic, et cetera, similar to the teams of the Auxiliary Surgical Group of World War II. Currently, we consider that such teams are wasteful of personnel and most are unnecessary. Furthermore, in the holocaust of disaster the team members may be widely separated and it would be better to have the members basically qualified in first aid, insertion of an intravenous needle, giving of a hypodermic injection, sterile technic at the operating table, functions of a circulator, and possibly administration of ether under supervision. Formation of rigid teams with clearly delineated jobs may be too specialized for the needs.

It seems necessary to mention specifically some things in which laymen should not be trained. Currently there is some thought that large groups of people should be taught how to do a tracheotomy. This seems to me to be entirely unsound and dangerous. We find that very few physicians have actually performed tracheotomy and relatively few are sure of the indications. How, then, can we expect laymen to know when to do the operation even if they know the technic? This seems to me to be dangerous and an evidence of muddled thinking. We have always had the same difficulty with such an apparently simple thing as the tourniquet. You can teach any moron *how* to use a knife but can you teach him *when* to use it? We would do well to teach things to laymen which do not depend on professional judgment.

Finally, it seems likely that in the event of mass casualties there will be a shortage of surgeons, and we envision one surgeon acting as triage officer while another supervises as many as six operating tables where physicians who are not trianed surgeons are doing such things as wound débridement. This supervisor could actually take a hand in more technical procedure, still being free to oversee the other tables. In this way, while professional competence might be somewhat lacking, at least a greater volume of work could be turned out than by one surgeon alone.

Summary and Conclusions

Because there are no experts with experience in managing mass casualties, many impractical and academic thoughts have been expounded as gospel.

The basic principles of military surgery, based on proper selection of patients, still are sound.

Mass casualties still will be composed of the types of injuries we are accustomed to treat, and the difference will be in the extremely large numbers and the suddenness of their occurrence.

Proper sorting of patients and decision as to what can be accomplished must be based on an accurate estimation of the situation from the standpoint of the caseload requiring care as contrasted with the availability of trained personnel and supplies.

Adequate functioning in time of disaster will depend on prior planning, a definite chain of command with delineation of authority, and a suitable organization which takes into account all of the

elements neeeded to find, evacuate, resuscitate, and treat the injured.

A training program, broad in scope but not requiring surgical judgment of laymen, is essential.

Less talk, more common sense, and some action would seem to be highly desirable.

DISASTER NURSING

Disaster nursing has seemed a bit remote to me because there has been no need for active participation in Hawaii since the volcanic eruption on the island of Hawaii in 1955, at which time I had not as yet started with the Red Cross. During my year with the Red Cross Nursing Services I have been mostly active in the Home Nursing Program.

However, plans were made whereby I would spend some time at National headquarters while on a vacation to the East this summer, and specific disaster training was discussed.

On March 10, Sunday, I reported to Red Cross disaster shelter and headquarters at the Waialua Community Center in Haleiwa. Never having had duty in an emergency shelter before, I envisioned panic and despair, but the people I found there were busy planning to help themselves with the aid of the Red Cross and had been reluctant to ask for shelter. I found also, that even without special disaster training, the physical and medical needs of all people in distress, whether during tidal wave or in a hospital, are basically met in the same way. During a disaster, however, when treatment is immediately needed, the sick are treated in boats, in cars, or wherever they are.

On arriving at the Oahu shelter a few families had already made arrangements to sleep overnight and plans were in motion for the mass feeding of wave victims that evening. The Community Center, sometimes used as a gymnasium, had sufficient room for many families, and housed the cots and blankets loaned by the Army and set up for sleeping quarters. There was already a generous donation of clothing which thoughtful people had sent for disaster stricken victims.

Accompanying me to the shelter for duty was Harriet Richards, a registered nurse employed at Oahu Sugar Company Clinic, who had been an Army nurse during World War II. It was not necessary to set up an emergency dispensary in the shelter because we were not isolated; however, we were busy planning and making arrangements for sleeping, emergency medicine if needed, and transportation. After making families and their children comfortable for the night Harriet and I divided a tuna sandwich and a thermos of milk brought from home.

At about midnight two families who had arranged to sleep in the shelter that night arrived



In Haena, Kauai, Red Cross Director of Nursing works by candlelight in caring for victims of tidal wave disaster. Miss Louise Crute was sent in to the disaster area to care for those persons needing medical care in the Red Cross shelter. Nurses from Kauai volunteered to assist in this disaster operation.

to borrow army cots and blankets. They had found a place to stay with friends but needed cots and blankets. About twelve cots were issued on loan.

After that, the first night in the shelter was quiet except for an occasional crying out from one of the children.

The next morning a family of twelve, whose sole possession after the "wave" was a station wagon, appeared early for breakfast. A total of 20 of us went to breakfast at an inn nearby, all age groups were represented—children in high chairs, babies on laps, the older parents, and, in some cases, grandparents.

I was on duty at the Waialua shelter for four days dispatching people with infected scratches, nail puncture wounds, and other minor injuries inflicted while running from and during the tidal wave. There were five patients referred to doctors. One child had pneumonia which the doctors felt was a result of exposure and loss of clothing. An elderly Filipino man had a severe cold and was treated by his doctor. In these cases Red Cross motor service transported patients to their respective family doctors. The tidal wave swept two persons' glasses away. These were replaced by the Red Cross after their doctors advised they were necessary.

On Thursday, Red Cross headquarters informed me I was needed on Kauai. I left for Kauai Friday morning with Mr. Robert Edson, National Director of Disaster Services, and Mr. John F. Rolfes, Hawaii Chapter Manager. We were met in Lihue by Bob Wier, chairman of the Kauai Red Cross branch office, and Mrs. Evelyn Giles, volunteer chairman of Kauai branch Nursing Services.

After orientation on emergency disaster conditions at Kauai with Mrs. Giles and Miss Myrna Campbell, public health supervisor, I was escorted to see Dr. Clyde Ishii. He is the government physician and also the doctor for the Kilauea planta-

tion. There I got standing orders, specific responsibilities, and general helpful information.

My primary purpose on Kauai was to replace the volunteer nurses from Wilcox Memorial Hospital and the nurse housewives who had been working in the disaster area since the tidal wave struck. The disaster area had been isolated when the wave flooded roads and destroyed bridges. Because of the isolated condition it was impossible for victims remaining in these areas to receive proper medical attention. I was flown in by helicopter to the area to care for those who needed attention, and to take precautionary measures against epidemics. There was fear that water pollution might be caused by dead fish which the wave had scattered afar.

I relieved Mrs. Cecelia Kilby at Hanalei. Mrs. Alice Law, public health nurse, was also in Hanalei and was most helpful in orienting me. Mrs. Martha Ohama, supervisor at Wilcox Memorial Hospital who was flown in with me, went on to Haena.

By the time I reached the disaster area the nursing situation was pretty much under control except for follow-up of patients already attended during the time of immediate emergency. Bob Wier informed me there would be no need for two nurses (one in each area) after the coming weekend. The installation of the Bailey bridge by the Army on Saturday morning would relieve the isolated condition in Hanalei.

The first night on Kauai I spent at Hanalei receiving orientation. An elderly Hawaiian man was treated for an infected wound sustained during the "wave." The men of the National Guard had acquired blisters on their feet while walking guard duty. There were a few colds among the people.

The people who had been living at Hanalei had all found homes with friends and relatives so the shelter was closed at night. I spent the night at the home of Dr. J. M. Kuhns, whose home had also been hit by the wave but was not severely damaged.

The next morning things were quiet at Hanalei and everything seemed under control. Mrs. Law, the public health nurse in the area, volunteered to stand by in Hanalei while I went to Haena. Bob Wier was anxious for me to get to the Haena area because of the possibility of an epidemic outbreak of dysentery.

By helicopter, again, I arrived at Haena and was met by Mrs. Wichman, Mrs. Ohama, and Bob Wier. I found out before leaving Hanalei that on the night of the tidal wave, a navy corpsman had been flown in to take care of any emergencies in the Haena area. He had left some medical supplies at Mrs. Wichman's, where the dispensary was set up. A few extra supplies adequately stocked the Haena dispensary.

All necessary medicine and supplies had been immediately flown in and were available when I got to Haena. Mrs. Ohama and I visited families who were reported ill, giving instructions in home nursing techniques to keep down infection and maintain cleanliness. Some families were found to be suffering from mild cases of diarrhea. They were given the medicine prescribed by Dr. Ishii and instructed on diet. The Red Cross had already supplied families with disposable items such as plates, cups, towels, spoons, in an attempt to prevent the spread of infection. These items were important in this disaster because there was no hot water available due to lack of electricity.

We checked the blood pressure of an elderly patient of Dr. Kuhns who had a serious heart condition. His normal medicine supply had been lost in the tidal wave and Dr. Kuhns was concerned about his welfare. We finally found him a considerable distance away from his home checking his fish nets, so took his blood pressure on the spot.

There were three expectant mothers in the area. They had been offered transportation to Lihue but refused to go. Although their babies were not due for a month or so, I requested that sterile obstetric packs be sent to Haena, just to be on the safe side. Fortunately, no premature babies were born.

From then on it was a matter of handling scattered diarrhea cases and minor injuries, and redressing infected wounds, none of these were of a serious nature.

On Sunday I went on to Hanalei, via the foot bridge, to claim and take charge of medical supplies and to close the Hanalei dispensary which was no longer necessary. Monday was spent in Haena. One case of diarrhea was reported. I visited this family and checked other cases. By this time it was decided by medical and public health officials that there had been no contamination of food or water in the disaster areas.

On Tuesday morning Miss Myrna Campbell and a public health staff nurse made survey of the disaster area. It was generally agreed that the nursing situation had eased. Since it was now possible for Mrs. Alice Law, the public health nurse, to get to both areas, she resumed her usual responsibilities in Hanalei and Haena. Dr. Ishii was due to hold a clinic in Hanalei for patients in both areas on Tuesday afternoon. Patients were able to go from Haena by rowboat for treatment, as no one was actually bedridden or seriously ill.

I returned to Honolulu Tuesday afternoon about 5:30 P.M., my disaster nursing job done.

In summary, even without specialized disaster

training, my general nursing experience sufficed in this case. More generally needed I found, except for the care of minor injuries, was the morale factor for the wave victims, the uninjured ones as well as the sick and injured. Precaution planning was an important factor during this specific disaster.

The organization and planning of the Kauai Red Cross branch spelled out my task clearly and concisely, with sufficient supplies to work with. I received lots of assistance while on Kauai, although the initial work had already been accomplished. Nurses assisting, in addition to ones already mentioned, during the disaster were: Miss Incarnation Gerardo, Wilcox Memorial Hospital; Miss Helen Aragaki, Wilcox Memorial Hospital; Miss Jan Baker, Wilcox Memorial Hospital; Miss Edith Hinchcliffe, Wilcox Memorial Hospital; Mrs. Cecelia Kilby, housewife from Kapaa; Mrs. May Jenkins, housewife from Kapaa who was the only enrolled Red Cross Nurse. The other nurses who volunteered their time are eligible for enrollment and have received their application cards. Letters of appreciation were sent to these nurses from Dr. Leo Bernstein, chairman of the Medical and Nursing Aid Subcommittee.

LOUISE CRUTE

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Nursing Administrative Institute

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(*Continued from page 245*)

nothing compared with what our elders had to go through in the days of horse and buggy and no telephone.

The Outcome

By telephonic consultation with a leading obstetrician on Oahu, reassurance was obtained in the steps to be followed: First, a course of pitocin drip; second, mechanical rupture of the membranes; third, a section after a trial of labor. But, just because we were on a small island and had a small, family style Community Hospital, we had to do things a little differently. Since her evening blood pressure was 150/120, she was allowed to go home on a 24-hour pass in order to celebrate the New Year's Eve. Upon her return to the hospital her blood pressure was 150/110, her weight 197.

By her fourth hospital day her blood pressure was 160/122, her weight 195, albuminuria 2 plus. Minims 5 of pitocin in 500 cc 5 per cent dextrose in distilled water was started at 20 drops per minute by vein. Labor started in two hours, then ceased. The next day the drip was repeated and again she had several hours of pains terminating in a spontaneous rupture of membranes. Her blood pressure remained around 160/120.

She continued to have intermittent labor pains the next several days, and because her general condition and that of the fetus did not deteriorate, her medicinal treatment was supplemented only with watchful waiting. Her blood pressure varied from a high of 180/110 to 132/104. No pitocin was given after the membranes ruptured.

On the eighth hospital day, after about 12 hours of real labor assisted by one hypodermic of 100 mg of Meperidine, she was delivered uneventfully by outlet forceps under cyclopropane anaesthesia, over a right medio-lateral episiotomy, of a puny but vigorous female weighing 5 lb 2 oz. There was no excessive postpartum bleeding and the mother's blood pressure was 140/100.

Discussion

An obstetrician practicing in a city with this patient in a large urban hospital would have perhaps been a wee bit anxious about his patient. He would have watched her a little more carefully than one of his routine uncomplicated cases.

The intern and resident on service would have been much interested and watchful. They would probably have been unaware of their own knowledge that if things took a turn for the worse there would always be immediately available colleagues to give a hand or even to take over if necessary.

The anxiety and concern of the physician are magnified tenfold when he has such a case out in an isolated rural community. The young neophyte, whether he be on his way to becoming general practitioner or obstetrician, could not find a better training and proving ground for himself than on the plantations outside of Oahu.

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BIBLIOGRAPHY: (1) Hagedorn, A. B.: J.A.M.A. *164*:1642 (Aug. 10) 1957. (2) Brown, E. B., and Moore, C. V., in Tocantins, L. M.: Progress in Hematology, New York, Grune & Stratton, Inc., 1956, vol. 1, p. 25. (3) Hagedorn, A. B.: M. Clin. North America, Philadelphia, W. B. Saunders Company (July) 1956, p. 983. (4) Grunberg, A., and Blair, J. L.: A.M.A. Arch. Int. Med. *96*:731, 1955. (5) Baird, I. M., and Podmore, D. A.: Lancet 2:942 (Nov. 6) 1954. (6) Cappell, D. F.; Hutchison, H. E.; Hendry, E. B., and Conway, H.: Brit. M. J. 2:1255 (Nov. 27) 1954. (7) Millard, J. B., and Barber, H. S.: Ann. Rheumat. Dis. *15*:51, 1956. (8) Cope, E.; Gillhespy, R. O., and Richardson, R. W.: Brit. M. J. 2:639 (Sept. 15) 1956. (9) Jennison, R. F., and Ellis, H. R.: Lancet 2:1245 (Dec. 18) 1954. (10) Scott, J. M., and Govan, A. D. T.: Brit. M. J. 2:1257 (Nov. 27) 1954. (11) Scott, J. M.: Brit. M. J. 2:635 (Sept. 15) 1956. (12) Gaisford, W., and Jennison, R. F.: Brit. M. J. 2:700 (Sept. 17) 1955. (13) Wallerstein, R. O., and Hoag, M. S.: Scientific Exhibit, Sixth Internat. Cong., Internat. Soc. Hemat., Boston, Mass., Aug. 27-Sept. 1, 1956. (14) Wallerstein, R. O.: J. Pediat. *49*:173, 1956. (15) Sturgeon, P.: Pediatrics *18*:267, 1956. (16) Wallerstein, R. O., and Hoag, M. S.: J.A.M.A. *164*:962 (June 29) 1957.

22757

LAKESIDE

(*Continued from page 259*)

tomies. In line with this, the speech department at the University of Hawaii has given special attention to this matter and has trained a number of local people in the use of esophageal speech. However, the staff and facilities at the University are limited. Under ideal conditions, it is desirable that esophageal speech training be started even before the larynx is removed.

Recently, the Hawaii Cancer Society began giving some assistance to Mrs. Isabel Cornelison who had her larynx removed several years ago and has been trained at the University in the use of esophageal speech. She can assist anyone who needs esophageal speech training and can visit in the home or hospital. This makes her services a little more available than those at the University of Hawaii.

It is now possible for Mrs. Cornelison to visit patients before surgery and follow through with individual or class instruction in learning esophageal speech. She has a tape recorder available so that trainees can hear themselves speak. It has been shown by experience that they progress faster when this is possible.

Mrs. Cornelison's services can be obtained free of charge by calling the Hawaii Cancer Society.

WALTER B. QUISENBERRY, M.D.
Executive Director
Hawaii Cancer Society

Stanford Ophthalmology Conference

Stanford University School of Medicine will present the annual postgraduate Conference in Ophthalmology from Monday, March 31 through Friday, April 4, 1958. Registration will be open to physicians who limit their practice to the treatment of diseases of the eye, or eye, ear, nose and throat. Registration will be limited to thirty physicians.

Instructors will be Dr. Dohrmann K. Pischel, Dr. Jerome W. Bettman, Dr. Max Fine, Dr. Earle H. McBain and Dr. Arthur Jampolsky.

Programs and further information may be obtained from the Office of the Dean, Stanford University School of Medicine, 2398 Sacramento Street, San Francisco 15, California.

Lost Book

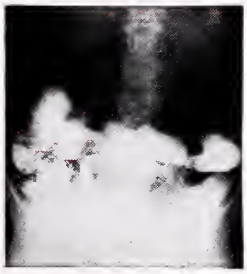
E. A. Codman's monograph on the shoulder in an autographed edition was loaned some months ago by Dr. J. Warren White and the borrower has forgotten to return it. The volume has great sentimental as well as intrinsic value and Dr. White would greatly appreciate having it returned.

BME Moves

The Bureau of Medical Economics moved late last year to their new temporary quarters at Hale Kua, the bungalow just behind the Mabel Smyth Memorial Building. The Queen's Hospital agreed to let the Bureau occupy, free of charge, about 1,200 feet of the classroom formerly used by student nurses. In return the Mabel Smyth Building has agreed to let the nurses use the building facilities for the meetings formerly held in the classroom. The Bureau will continue to use the Stella Lowry Room.

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HAWAII MEDICAL ASSOCIATION

(Continued from page 260)

As far as I know, no other physician from Hawaii attended the Philadelphia Clinical Session.

HARRY L. ARNOLD, JR., M.D.
Delegate

Minutes of Council Meeting

Thursday, October 17, 1957, at 6:00 P.M. Oahu Country Club

PRESENT: Dr. S. L. Yee, presiding; Drs. S. Nishijima, Cushnie, Boyden, Spencer, Izumi, Oto, Patterson; also guests Drs. O. D. Pinkerton and Harry L. Arnold, Jr.

MINUTES: The minutes were approved as circulated.

DEATH REGISTRATION CERTIFICATES: The matter of establishing a new policy relative to death certificates was reviewed by Dr. Nishijima. Dr. Yee felt that the suggested procedure would expedite matters.

Action: Dr. Oto moved that we approve the form with the proviso that the funeral directors get the information rather than the hospital personnel and that the president should write a letter to the Board of Health asking that they make recommendations to the hospitals to be more careful in filling in forms accurately. The motion was seconded by Dr. Cushnie and passed unanimously.

SPONSORSHIP OF TV PROGRAM: Dr. Yee read a letter from Dr. Edgar on the matter of sponsoring our local TV program and went on to say that there was a time when Dairymen's sponsored the program and at that time it was thought no one should sponsor it because the commercials were all over the screen. He said he talked with the TV station and was told they were happy to continue offering the program as a public service but that, of course, they would like to have the income derived from commercial sponsorship.

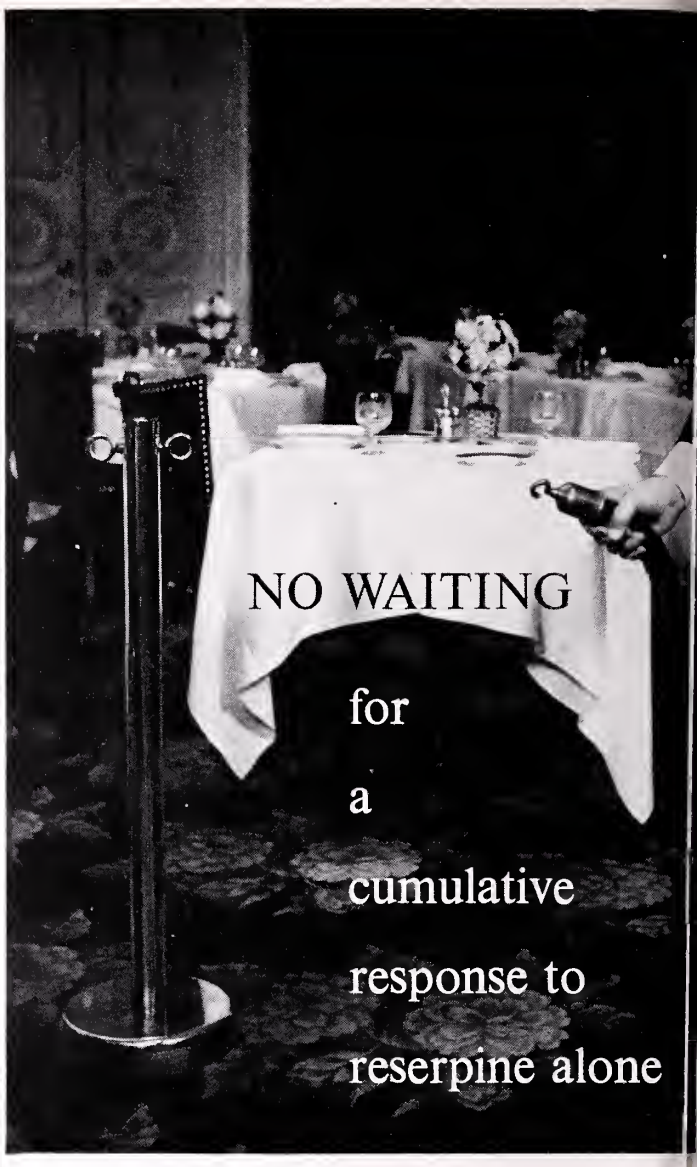
Action: Dr. Spencer moved that we make no change in the manner the TV program is now being handled. The motion was seconded by Dr. Izumi and passed unanimously.

COPIES OF INFORMAL MEMOS: The matter of informal memos to the President being distributed to committee members and neighbor island presidents was brought up by the executive secretary, who asked for a directive from the Council on this matter. There was some discussion on whether these should be o.k.'d by the president or by the committee chairman.

Action: Dr. Izumi moved that all memos that are distributed be signed by committee chairman and submitted to the president before circulation. The motion was seconded by Dr. Patterson and passed unanimously.

DELINQUENT DUES: The matter of not having a specific delinquent date for dues outlined in our bylaws was discussed. At the time the new bylaws relative to dues were passed it had been informally mentioned that dues could be transmitted quarterly from the counties but this procedure had not worked out very well for the Association. Dr. Arnold asked if the Council wanted to mention anything specific about the JOURNAL and was advised that he should continue using his own judgment in JOURNAL matters.

(Continued on page 282)



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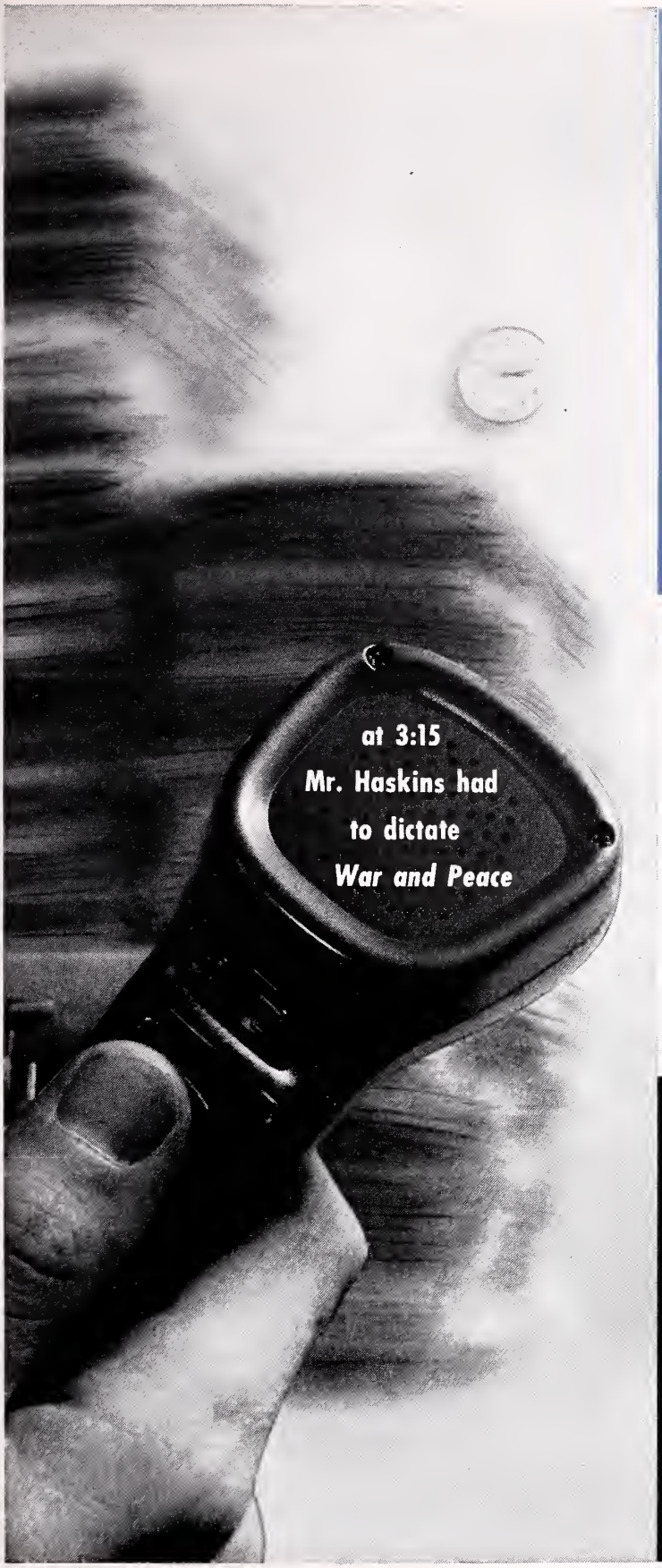
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1. Comparative Effects of Various Rauwolfia Alkaloids in Hypertension; *submitted for publication.*

HAWAII MEDICAL ASSOCIATION

(Continued from page 280)

Action: Dr. Cushnie moved that the President write each County and say at the request of the Council that the dues be remitted as received. Dr. Patterson recommended that the motion include that in the letter the importance of AMA membership statistics should be pointed out. No action taken on this recommendation. Dr. Izumi seconded the motion and it was passed unanimously.

ANNUAL MEETING: Dr. Nishijima brought the Council up to date on the postgraduate activities. He pointed out that the American College of Obstetrics and Gynecology will have a meeting in Los Angeles April 21 to 23 and in their last bulletin they said that some of the members would be coming over to Honolulu either on the Matsonia that leaves Los Angeles April 23 or by air. The matter of getting in as many postgraduate lectures as possible in the limited time the two speakers will be in town was discussed. If we move the Annual Meeting ahead, the doctors who plan to come to Honolulu on the Matsonia would not be able to attend. If we do not change our date, the annual meeting will get a write up in the news letter and there would probably be many more who would register at our meeting. Dr. Patterson said he would like to have both speakers speak twice a day. Dr. Spencer felt that we should have both men on the annual meeting program and use this material in the JOURNAL. It was agreed that both men should speak at our annual meeting and that the date of the annual meeting should not be changed; that the matter of registration fees for the visitors should be determined by the Arrangements Committee.

HAWAII SUMMER MEDICAL CONFERENCE: Dr. Yee gave a brief report on what has been accomplished by the committee in charge of arrangements and program for the summer meeting which will be held on July 1, 2, and 3, of 1958. It has been decided that the topic should be medical, and tentatively virology has been chosen. That two doctors and their wives would be brought out for the program by the Kirkland Travel Agency. That it was proposed to give part of the registration fee to the Woman's Auxiliary.

ADOPTION OF AMA'S PATTERN FOR REFERENCE COMMITTEES: A prolonged discussion on this subject took place after Dr. Izumi explained that the system should have the wholehearted support of all the counties because it requires that delegates serve for longer terms and that they must be more active and attend more meetings. That there would be a great number of problems and some added expense and whether or not this was the time to introduce the system, he was not certain. Dr. Boyden pointed out that there isn't time to digest the reports and sometimes a hasty decision is made which is later regretted. That it might be a good idea to relegate some of the committee reports to men on the different islands. Dr. Yee said he thought the business at the last meeting was handled with dispatch. Dr. Arnold agreed with Dr. Izumi that we couldn't dive into this headlong. That maybe the delegates would have to be brought in a day ahead. That this year maybe every committee chairman should be instructed to conclude his report with a list of the specific actions he wants the House of Delegates to take. The matter of sending men to the other islands was discussed. When Dr. Izumi pointed out that it would be necessary to activate the alternates, Dr. Boyden said that on the neighbor islands this would hit a snag as the reason for having an alternate was to have a representative when the regular delegate could not attend.

Action: It was decided that the President should appoint a committee and Dr. Arnold was appointed chairman with Dr. Izumi and Dr. Boyden to work with him on the committee.

PHYSICIAN'S BENEVOLENT FUND: Dr. Yee gave a report on the work of the committee formed to make recommendations for the establishment of a physician's benevolent fund, advising that it was the thinking of this committee that the fund should be raised by assessing members $10.00 each year for a minimum of five years and that the principal should not be touched.

FEDERAL MEDICAL SERVICES COMMITTEE REPORT: Since Dr. Pinkerton was present he was asked to comment on his interim report. He outlined the points of disagreement in the Medicare and Veterans' contracts. Dr. Yee thanked him for his report and said he didn't think many people realized the amount of work being done by this committee.

JOINT COMMITTEES: Dr. Nishijima read Dr. Chung-Hoon's report stating the conclusions drawn by his ad hoc committee relative to solving the problems involved in appointing joint committees.

Action: Dr. Izumi moved that the report of this ad hoc committee be sent to the House of Delegates next meeting for immediate action and not be filed. Dr. Boyden seconded the motion and it was passed unanimously.

CHANGE OF BANKING FACILITIES: Dr. Cushnie read that part of a letter from the auditor, Mr. Hough, which advised that banking facilities could be changed to another bank and a saving would be made by eliminating banking charges.

Action: Dr. Izumi suggested that the treasurer check on the last couple of years to determine what the charges have been and action be deferred until the next Council meeting.

COLLECTION OF AMA DUES: Dr. Cushnie read Mr. Hough's letter relative to the handling of AMA dues and it was agreed that this problem could be worked out and the treasurer was delegated to handle it.

INTERIM TREASURER'S REPORT: Dr. Cushnie reported on the financial picture and remarked that the budget's estimated expenses were higher than the estimated income, which was not good business. He said we might run over on some items and that could be taken up at a later date.

Action: Dr. Patterson moved we accept the treasurer's report. Dr. Boyden seconded the motion and it passed unanimously.

NON-PAYMENT OF REGISTRATION FEES: A discussion was held relative to one of the members refusing to pay his registration fee, his reason being that he had given a paper which had been requested and he did not attend the session. It was thought that perhaps the doctor should have refused to give the paper. That it is a privilege and an honor to give a paper. That there is no compulsion to accept this honor.

Action: It was agreed that the president should write a letter to the doctor saying it is a privilege and an honor to give a paper. That there is no compulsion to accept this honor. We feel he should pay his registration fee but it is entirely up to him. That it is the first time any member has failed to pay his

registration fee on such grounds and it is very definitely a precedent which we feel should not be carried any further.

REMOVAL OF OFFICES FROM THE MABEL SMYTH BUILDING: The crowded condition of some of the offices now renting from the Mabel Smyth Building, particularly the BME and library was brought to the attention of the Council along with the fact that the Hawaii Medical Association together with the Nurses' Association, Territory of Hawaii, is responsible for the financial welfare of the Mabel Smyth Building. The matter was brought up in view of the proposed move of the Honolulu County Medical Society and the BME to other quarters. Dr. Cushnie said that the sooner we realize that there is not enough room for the BME, the better off we will be. It was pointed out that we have had no formal notice of this proposed move but that some time ago the HCMS Board of Governors had gone on record as upholding the principle that the BME and the HCMS must be in the same building and that at their last meeting their executive secretary had been given authority to try to negotiate with the Mabel Smyth Building for more space and, failing that, to negotiate for space elsewhere.

Action: It was agreed that the President should take up this matter informally and ask for more information.

Dr. Boyden moved that the meeting be adjourned and asked that hereafter future Council meetings not be held on the 3rd Thursday of the month.

The meeting was adjourned at 10:45 P.M.

COUNTY SOCIETY REPORTS

(*Continued from page 257*)

sified, Inc., presented a discussion on the basic financial program, inventory of personal assets, and the essential requirements for a successful accumulation plan. He briefly reviewed the Los Angeles County's program and mentioned how it might work here. Following a lengthy discussion it appeared that approximately 50 to 60 members present were interested in such a program.

There being no further business, the meeting adjourned to the lanai, where refreshments were served.

* * *

A joint meeting of the doctors and lawyers was held on Tuesday, September 10, at 7:30 P.M. in the Mabel Smyth Auditorium. Dr. Nishigaya presided and approximately 145 doctors and lawyers were present.

Preceding the program it was announced that the Group Disability Insurance Program was still available to the doctors and that more doctors were needed to carry the plan through. Also each member was urged to take out individual membership with the Honolulu Chamber of Commerce.

A film entitled "The Doctor Defendant" was shown, followed by a panel discussion. Moderator for the evening was Mr. Ronald Jamieson. Panel discussants were Dr. Rodney T. West, Dr. William Stevens, Dr. Richard Dodge, Mr. Harold Rice, Mr. Tommy Waddoups, Mr. John Alexander, and Father Kekumano.

Following the meeting, the doctors and lawyers gathered in the lanai for refreshments.

(*Continued on page 284*)

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Ferrous Sulfate	50 mg.	Pyridoxine Hcl.	0.3 mg.
Rutin	10 mg.	Niacinamide	20 mg.
Ascorbic Acid	30 mg.	Manganese	1 mg.
B-12	1 mcg.	Magnesium	5 mg.
Molybdenum	0.5 mg.	Iodine	0.15 mg.
Cobalt	0.1 mg.	Potassium	2 mg.
Copper	0.2 mg.	Zinc	1 mg.
Vitamin A	5,000 I.U.	Choline Bitartrate	40 mg.
Vitamin D	400 I.U.	Methionine	20 mg.
Vitamin E	1 I.U.	Inositol	20 mg.
Cal. Pantothenate	3 mg.		

Write for Latest Technical Bulletins.

*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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COUNTY SOCIETY REPORTS

(Continued from page 283)

The regular membership meeting of the Honolulu County Medical Society was held Tuesday, November 5, 1957, at 7:30 P.M. in the Mabel Smyth Auditorium. Dr. T. Nishigaya presided and approximately 75 members were present.

New members welcomed into the Society were Drs. Barton R. Becker, Robert D. Bright, Donald W. Brown, John C. Carson, Arno J. Mundt, Noboru Ogami, Louis G. Stuhler, and Allan H. W. Young.

It was also announced by Dr. Nishigaya that the doctors have reached a little over 80 per cent of their quota in the Community Chest Drive. To date, the doctors have contributed $10,949.

A letter from HMSA announcing that Mr. R. Kennedy was elected to serve on the Board of Directors as lay representative for all Counties was read. His term will run until the next annual membership meeting, at which time his name may again be submitted by the Nominating Committee for a two-year period.

Resolutions in memory of Dr. Frank L. Pleadwell, Dr. Homer H. Hayes, Dr. Eugene W. Mitchell were read and a minute of standing silence was observed by the membership.

An interesting and enlightening discussion on the Medicare Program and some of its problems was presented by Colonel Earl C. Lowry, Deputy Executive Director, Office for Dependents' Medical Care, Washington.

There being no further business, the meeting adjourned to the lanai where refreshments were served.

* * *

The annual meeting of the Honolulu County Medical Society was held Tuesday, December 3, 1957, at 7:30 P.M., in the Mabel Smyth Auditorium. Dr. T. Nishigaya presided and approximately 110 members were present.

The following new members were welcomed into the Society: Drs. Robert G. Dimler, Unoji Goto, and James A. Rutherford.

It was mentioned that the Nominating Committee's report which had been mailed to the membership prior to the meeting included a complete list of nominations for elective offices and committees for 1958.

Reading of annual reports followed, which was interrupted at intervals by the election of the various officers and committees. The results of the election were as follows:

Thomas H. Richert, *President-Elect*
H. Q. Pang, *Secretary*
A. S. Hartwell, *Treasurer*
Board of Governors:
Dr. Samuel D. Allison
Dr. Richard E. Ando
Dr. C. C. McCorriston
Alternate Board of Governors:
Dr. M. Hasegawa
Dr. Andrew Morgan
Dr. James T. S. Wong
Board of Censors:
Dr. T. Nishigaya
Representatives to HMSA:
Dr. John Frazer
Dr. David L. Pang
Alternate Representatives to HMSA:
Dr. George M. Ewing
Dr. Robert Katsuki
Dr. Edmund L. Lee
Dr. Dean M. Walker
Fee Adjustment Committee:
Dr. Chew Mung Lum
Dr. B. Allen Richardson
Medical Care Plans Committee:
Dr. George H. Mills
Dr. O. D. Pinkerton
Medical Practice Committee:
Dr. James G. Marnie
Dr. F. D. Nance
Delegates to HMA:
Dr. Thomas S. Bennett
Dr. Richard K. C. Chang
Dr. Clifford T. Druecker
Dr. M. Hasegawa
Dr. Elmer Johnson
Dr. Merton H. Mack
Dr. Randal Nishijima
Dr. Kenneth Rusch
Dr. Kam Sung Tom
Alternate Delegates to HMA:
Dr. Raymond deHay
Dr. Robert C. Bell
Dr. Yen Pui Chang
Dr. Robert C. H. Chung
Dr. Albert K. T. Ho
Dr. Vernon K. S. Jim
Dr. Frederick Lam, Jr.
Dr. James Lambert, Jr.
Dr. John M. Ohtani
Dr. Varian Sloan

The annual reports were presented as follows:

Resolutions Committee—Dr. Morton E. Berk
Parliamentary Committee—Dr. C. Y. Sugihara
Constitution and Bylaws Committee—Dr. Walter Quisenberry
Advisory Committee to the Woman's Auxiliary—Dr. O. D. Pinkerton
Woman's Auxiliary to the Honolulu County Medical Society—Mrs. Bea Buzaid
Legislative Committee—Dr. Raymond Yap
Public Service Committee—Dr. M. Hasegawa
Program Committee—Dr. L. A. Vasconcellos
Postgraduate Committee—Dr. K. S. Tom
Medical Care Plans Committee—Dr. Richard D. Moore
HMSA Medical Committee—Dr. F. D. Nance
Fee Adjustment Committee—Dr. Verne C. Waite
Medical Practice Committee—Dr. Rodney T. West
Board of Censors—Dr. John W. Devereux
Report of the Executive Secretary—Mr. Richard M. Kennedy
Report of the Treasurer and Finance Committee—Dr. H. Q. Pang
Report of the Secretary—Dr. T. H. Richert
Report of the President-Elect—Dr. Rodney T. West

Following the annual reports, the presidential address was presented by Dr. Toru Nishigaya, outgoing president.

Dr. Rodney T. West was then escorted to the rostrum by Drs. Richert and McCorriston, and duly installed as President of the Society. After a word of acknowledgment from Dr. West, the meeting was adjourned. Refreshments were served in the lanai.

T. H. RICHERT, M.D.
Secretary

Maui

The regular meeting of the Maui County Medical Society was held at Central Maui Memorial Hospital on October 7, 1957. Dinner was served at 6:30 P.M., followed by the business meeting. Guests were Dr. Kirtley and Dr. and Mrs. Reichert.

Dr. Moran discussed the effect of radiation from our x-ray unit in the admitting office on employees and patients. For our protection we should have the x-ray unit checked by an authorized representative.

Dr. Kirtley, a physician in the Clinical Research Division of Eli Lilly Co., gave an informative talk on diabetes mellitus.

* * *

The monthly meeting of the Maui County Medical Society was held at Central Maui Memorial Hospital on November 12, 1957.

Guests present were Dr. Vincent Vermooten, Dr. and Mrs. F. L. Reichert.

Dr. Vermooten gave a talk on the Use of Radioactive Isotopes in the Treatment of Cancer of the Genito-Urinary Tract.

* * *

A special meeting of the Maui County Medical Society

(Continued on page 286)

WHEN YOU TREAT INFECTIONS IN PATIENTS SUCH AS THESE

- debilitated
- elderly
- diabetics
- infants, especially prematures
- those on corticoids
- those who developed moniliasis on previous broad-spectrum therapy
- those on prolonged and/or high antibiotic dosage
- women—especially if pregnant or diabetic

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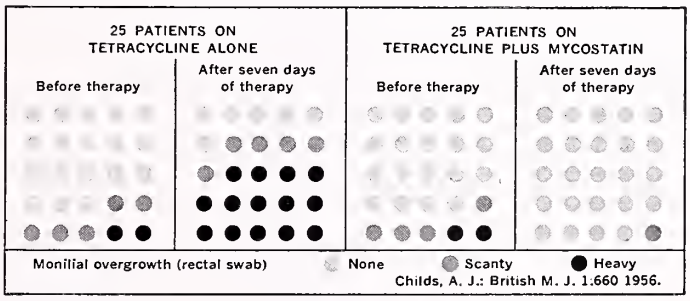
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COUNTY SOCIETY REPORTS

(Continued from page 284)

was held at Central Maui Memorial Hospital at 8:00 A.M. on November 24, 1957.

The speaker was Dr. Franklin Payne, whose subject was Pre-menopausal Bleeding.

A meeting of the Maui County Medical Society was held on December 17, 1957, at Central Maui Memorial Hospital.

From 5:30 to 6:30 P.M. a social gathering was held at the Nurses' Home, followed by dinner which was also attended by the Woman's Auxiliary.

A scientific and business meeting was held at 7:30 P.M. in the library at Central Maui Memorial Hospital. Speaker for the evening was Dr. Frederick Reichert and the subject of his talk was "Traumatic Asphyxia—Platybasia."

It was moved by Dr. Moran, seconded by Dr. McArthur, that dues be increased $12.50 per year, in order to take care of the expense of four meetings a year with the Auxiliary.

Dr. Burden gave his delegate's report on HMSA and Medicare.

Approval of Dr. Charles Custer's application for membership in the Maui County Medical Society was granted, pending the execution of the necessary forms.

The report of the Nominating Committee was read and the following officers were unanimously elected:

J. E. Ferkany.....*President*
Ah Yet Wong.....*Vice-President*
Lester Kashiwa.....*Secretary-Treasurer*

A vote of thanks was tendered to Dr. Mamoru Tofukuji for a job well done as President.

A special vote of thanks was given to Dr. Patterson for the cocktail party and dinner held at his home in November in honor of Dr. Payne from the University of Pennsylvania.

It was brought to the attention of the members that $150.00 is available for the purchase of books for Central Maui Memorial Hospital library through the courtesy of the Board of Medical Examiners. This offer expires December 31, 1957. Dr. Wong was advised to proceed with the purchase of these books.

JOSEPH E. FERKANY, M.D.
Secretary

BOOK REVIEWS

(Continued from page 255)

and lipid metabolism. A chapter on the complex medico-legal aspects of coronary artery disease is included.

The author leaves this reviewer subscribing to his sanguine view that coronary sclerosis is not necessarily an unremitting attribute of aging but a disease, probably a metabolic disease, that is susceptible of study with regard to cause, treatment, and possibly prevention.

The work is addressed to both general practitioners and specialists.

NOBUYUKI NAKASONE, M.D.

Plastic Arterial Grafts.

By W. Sterling Edwards, M.D., 126 pp., $4.50, Charles C. Thomas, 1957.

In this book the author has for the first time condensed the development and present concepts of arterial replacement therapy into one volume. It is clearly and concisely

(Continued on page 288)

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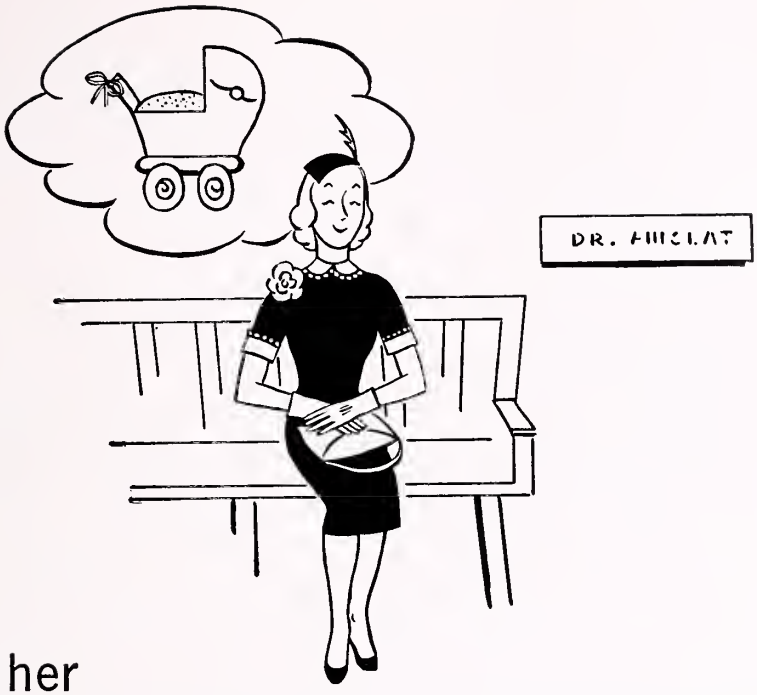
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(Continued from page 286)

written and must be considered essential reading for anyone doing this type of surgery.

C. M. BURGESS, M.D.

The Pathogenesis of Coronary Occlusion.

By A. D. Morgan, M.A., M.D., 171 pp., $8.50, Charles C. Thomas, 1956.

For any physician who is interested in the problem of atherosclerosis, particularly as it pertains to coronary atherosclerosis, this book is highly recommended. It is written in the fluent style, so typical of the British, which makes for easy reading.

There is an excellent historical background going back to the very early periods and carried right up to the present day. The second part of the book consists of research data compiled by the author, and of course it includes an excellent bibliography. All the debatable issues about coronary atherosclerosis, from bleeding to nutritional effects, are discussed, with theories from the various schools of thought. Incidentally, the second part of the book comprises the author's Master degree thesis.

With all the arguments existing today about the effect of cholesterol and other facts on atherosclerosis, it would seem important for physicians to have some grasp of the physiology and physiopathology involved. This book gives the background material which should make any physician clearer both in his speaking and thinking about coronary atherosclerosis.

M. E. BERK, M.D.

British Medical Bulletin.

Volume 13, Number 1, January, 1957.
Physiology and Pathology of the Kidney, 74 pp., $3.25, The Medical Department of the British Council, 1957.

This bulletin presents a symposium on the above subject, dealing largely with the recent advances and their application to clinical problems. Written largely by clinicians, the material is generally comprehensible and instructive to all physicians, regardless of specialty.

THOMAS F. FUJIWARA, M.D.

Practical Refraction.

By Bernard C. Gettes, M.D., 170 pp., $6.50, Grune & Stratton, Inc., 1957.

This is a book written primarily for graduate students in ophthalmology, who have had little or no previous experience. The chapters on preliminaries to sight testing, astigmatism, correction of astigmatism, and accommodation are very basic.

Dr. Gettes explains the refraction of aphakics in a clear and concise manner and his chapter on bifocals contains many practical points.

In summary, this is a book which should be added to the shelves of every ophthalmologist.

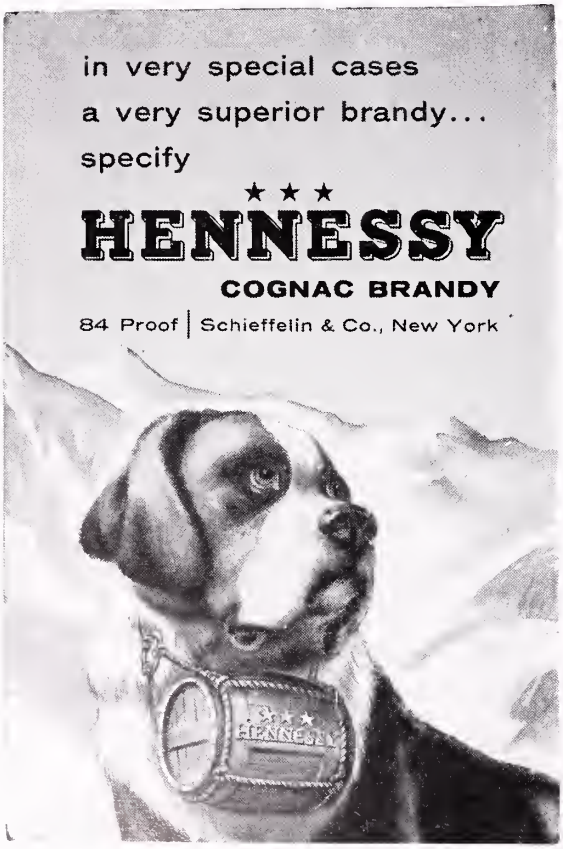
HERBERT G. PANG, M.D.

Kaposi's Sarcoma.

By Samuel M. Bluefarb, B.S., M.D., F.A.C.P., 171 pp., $5.50, Charles C Thomas, 1957

This volume represents the only recent monograph on this subject in the English language. Its wealth of mate-

(Continued on page 289)

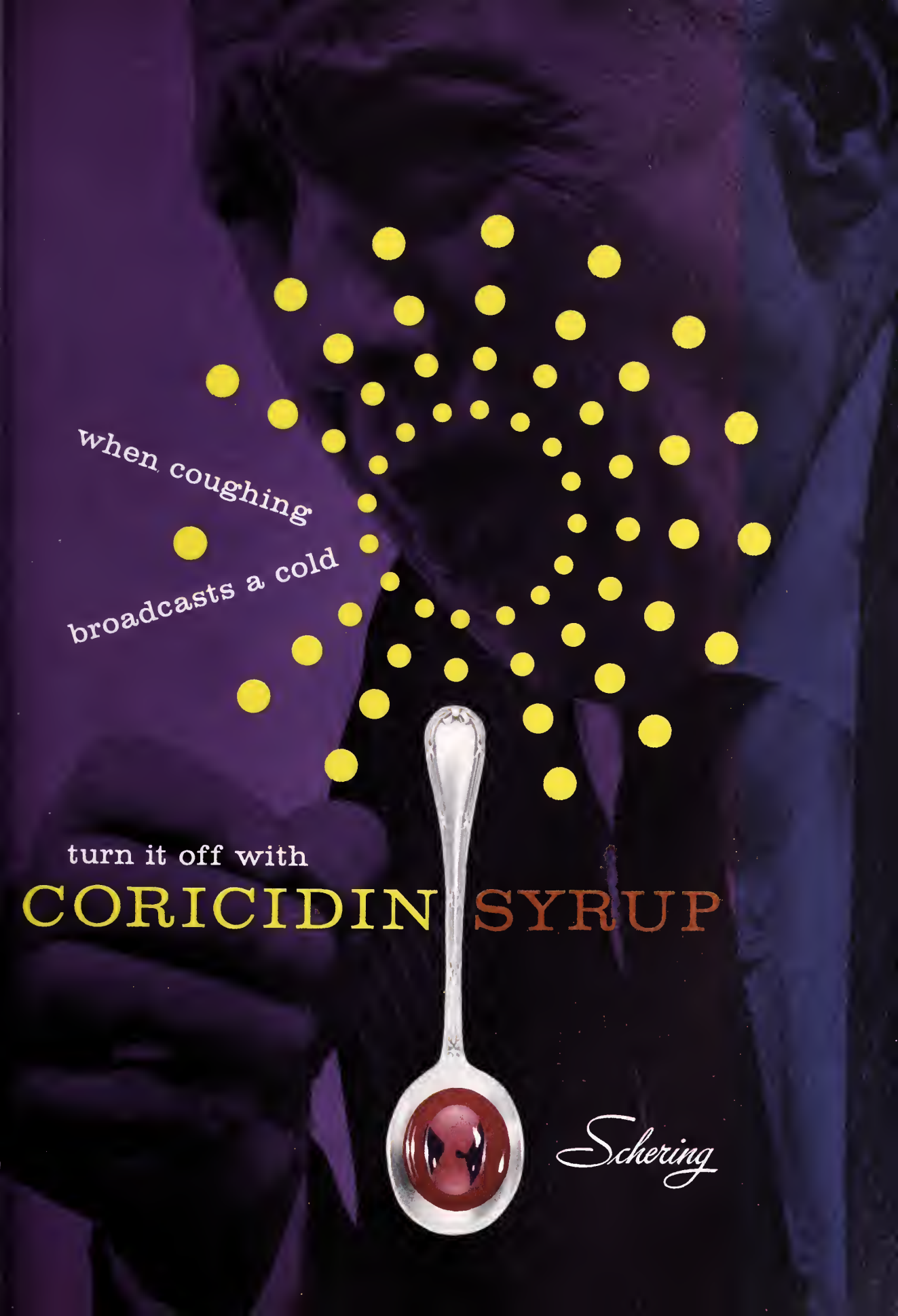


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(Continued from page 288)

rial and references dealing with the different phases of this relatively rare but fascinating condition should be of great interest to all clinicians as well as to pathologists.

THOMAS F. FUJIWARA, M.D.

Also Received

Psychiatric Aspects of School Desegregation.
Formulated by the committee on social issues, $1.00, May, 1957.

A pamphlet dealing with the problems of school desegregation and its psychiatric impact. It is of interest to physicians, psychologists, and social workers concerned with this problem.

Hormonal Regulation of Energy Metabolism.
Compiled and Edited by Laurance W. Kinsell, M.D., 242 pp., $5.25, Charles C. Thomas, 1957.

A round table discussion. Pretty deep stuff.

New Research Techniques of Neuroanatomy.
Edited by William F. Windle, Ph.D., Sc.D., 98 pp., $4.75, Charles C. Thomas, 1957.

Highly technical reference work.

The Medical Clinics of North America.
Edited by Chester S. Keefer, M.D., pp. 1153-1467, W. B. Saunders Company, September, 1957.

A symposium from Boston on diagnosis in general practice.

Chemistry of Erythrocytes.
By H. Behrendt, M.D., 227 pp., $5.75, Charles C. Thomas, 1957.

More about red cells than most doctors can afford to know. Chiefly for clinical pathologists.

Drugs In Current Use 1957.
Edited by Walter Modell, M.D., F.A.C.P., 152 pp., $2.00, Springer Publishing Company, Inc., 1957.

The current edition presents a brief description of the chemical pharmological and therapeutic properties of the drugs in common use today. Although extremely brief and somewhat incomplete, it serves as a handy reference to practicing physicians.

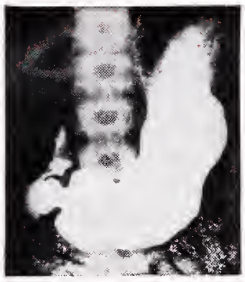
Expectant Motherhood.
By Nicholson J. Eastman, M.D., 198 pp., $1.75, Little, Brown and Company, 1957.

A little book written in the laymen's language, it presents pertinent information which is helpful and informative and which should alleviate the fears of expectant motherhood. The volume should be of benefit to both the expectant mother and her physician.

(Continued on page 290)

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BOOK REVIEWS

(Continued from page 289)

The Medical Clinics of North America.

Edited by H. Sherwood Lawrence, M.D., pp. 619-893, W. B. Saunders Co., May, 1957.

This symposium on medical emergencies includes chapters on cardiac, respiratory tract, pediatric, and obstetrical emergencies as well as chapters on the management of some common poisonings and of tetanus.

The Medical Clinics of North America.

Edited by Russel L. Cecil, M.D., pp. 895-1151, W. B. Saunders Co., July, 1957.

A symposium on medicine with reflections by such well known doctors as Paul D. White, Walter C. Alvarez, and Benjamin P. Watson.

The Surgical Clinics of North America.

Edited by Edward L. Compere, M.D., pp. 1-288, W. B. Saunders Co., February, 1957.

This issue is devoted to modern orthopedic management and has sections on different types of surgery as well as on the office management of various problems.

The Surgical Clinics of North America.

Edited by R. Gordon Douglas, M.D., pp. 289-585, W. B. Saunders Co., April, 1957.

A symposium on modern management in obstetrics and gynecology which includes chapters on infertility, the diagnosis and management of hydatidiform mole, and hormonal changes during pregnancy.

The Surgical Clinics of North America.

Pp. 587-908, W. B. Saunders Co., July, 1957.

This is the Lahey Clinic number on complications of surgery with chapters on skin grafting, gastroileostomy, and allergic drug complications in surgical patients.

Blood Transfusion in Clinical Medicine.

By P. L. Mollison, M.D., M.R.C.P., 587 pp., $9.00, Charles C. Thomas, 1956.

A detailed reference work.

Psychiatric Education and Progress.

By John C. Whitehorn, M.D., 48 pp., $1.75, Charles C. Thomas, 1957.

Philosophical reflections on psychiatric teaching by the professor of psychiatry in The Johns Hopkins University.

Scoville's The Art of Compounding.

By Glenn L. Jenkins, Don E. Francke, Edward A. Brecht, Glen J. Sperandio, 551 pp., $11.00, McGraw-Hill Book Company, Inc., 1957.

A useful reference work, primarily for pharmacists.

A New Approach to Figure Drawing.

By Leopold Caligor, Ph.D., 148 pp., $4.50, Charles C. Thomas, 1957.

For psychiatrists only.

Magnetic Removal of Foreign Bodies.

By Murdock Equen, M.D., F.A.C.S., 94 pages, $4.50, Charles C. Thomas, 1957.

Practical instruction in the use of an ingenious device.

The Physiology and Biochemistry of Lactation.

By S. J. Folley, D.Sc., Ph.D., F.R.S., 153 pp., $3.75, Charles C. Thomas, 1956.

A reference book only.

Systemic Arterial Embolism.

By John Martin Askey, M.D., 157 pp., $5.75, Grune & Stratton, Inc., 1957.

A valuable reference on rather special problems.

The Mentally Ill Child.

By Steven B. Getz, Ph.D., and Elizabeth Lodge Rees, M.D., 88 pp., $3.50, Charles C. Thomas, 1957.

Of interest to pediatricians and psychiatrists.

Degenerative Changes in the Sternoclavicular and Acromioclavicular Joints in Various Decades.

By Anthony Y. DePalma, M.D., 178 pp., $5.50, Charles C. Thomas, 1957.

Of great interest to orthopedists and pathologists particularly.

Ciba Foundation Colloquia on Ageing, Volume 3, Methodology of the Study of Ageing.

Edited by G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Cecilia M. O'Connor, B.Sc., 202 pp., illus., $6.50, Little, Brown and Company, 1957.

Thirteen highly technical articles.

Abdominal Total Hysterectomy.

By Frank Musgrove, M.D., M.R.C.O.G., 32 pp., $2.25, Charles C. Thomas, 1957.

Primarily for students in surgery.

Dermatologic Formulary.

Edited by Frances Pascher, M.D., 172 pp., $4.00, Paul B. Hoeber, Inc., 1957.

Of interest to dermatologists only.

X-Ray Technology.

By Charles A. Jacobi, B.Sc., R.T. (A.R.X.T.), M.T. (A.S.C.P.), M.T. (A.M.T.), and Donald E. Hagen, R.T. (A.R.X.T.), 410 pp., illus., $9.75, The C. V. Mosby Company, 1957.

For x-ray technicians. Remarkably well organized and illustrated.

Lens Materials In the Prevention of Eye Injuries.

By Arthur Hail Keeney, M.D., D.Sc., 73 pp., $3.50, Charles C. Thomas, 1957.

Of interest to ophthamologists and opticians.

Sex Perversions and Sex Crimes.

By James Melvin Reinhardt, M.A., Ph.D., 340 pp., $5.50, Charles C. Thomas, 1957.

Written for law enforcement officers.

The Medical Interview.

By Ainslie Meares, M.B.B.S., B. Agr. Sc., D.P.M., 117 pp., $3.50, Charles C. Thomas, 1957.

A deep psychiatric look at the office call.

newest antibiotic therapy for the eye
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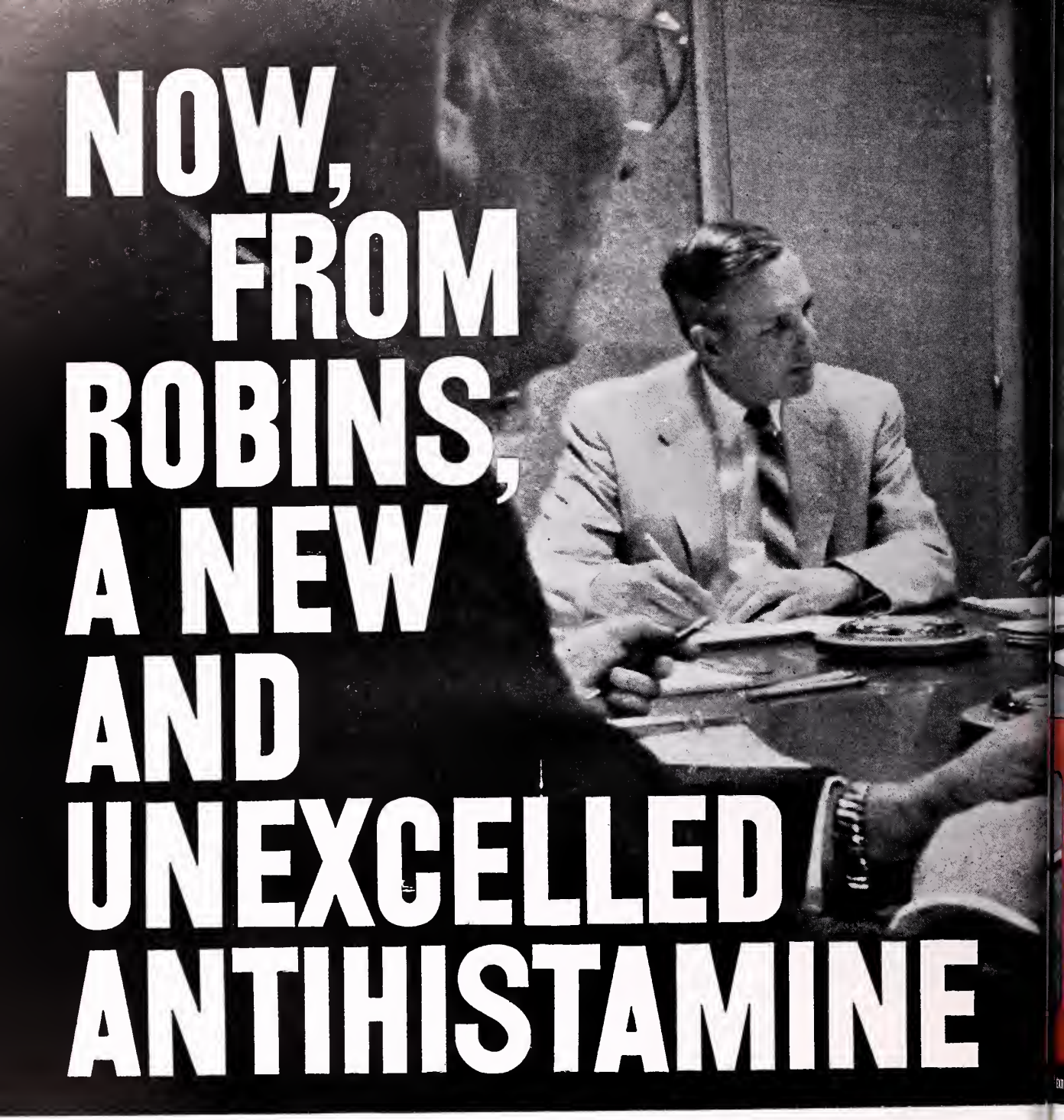
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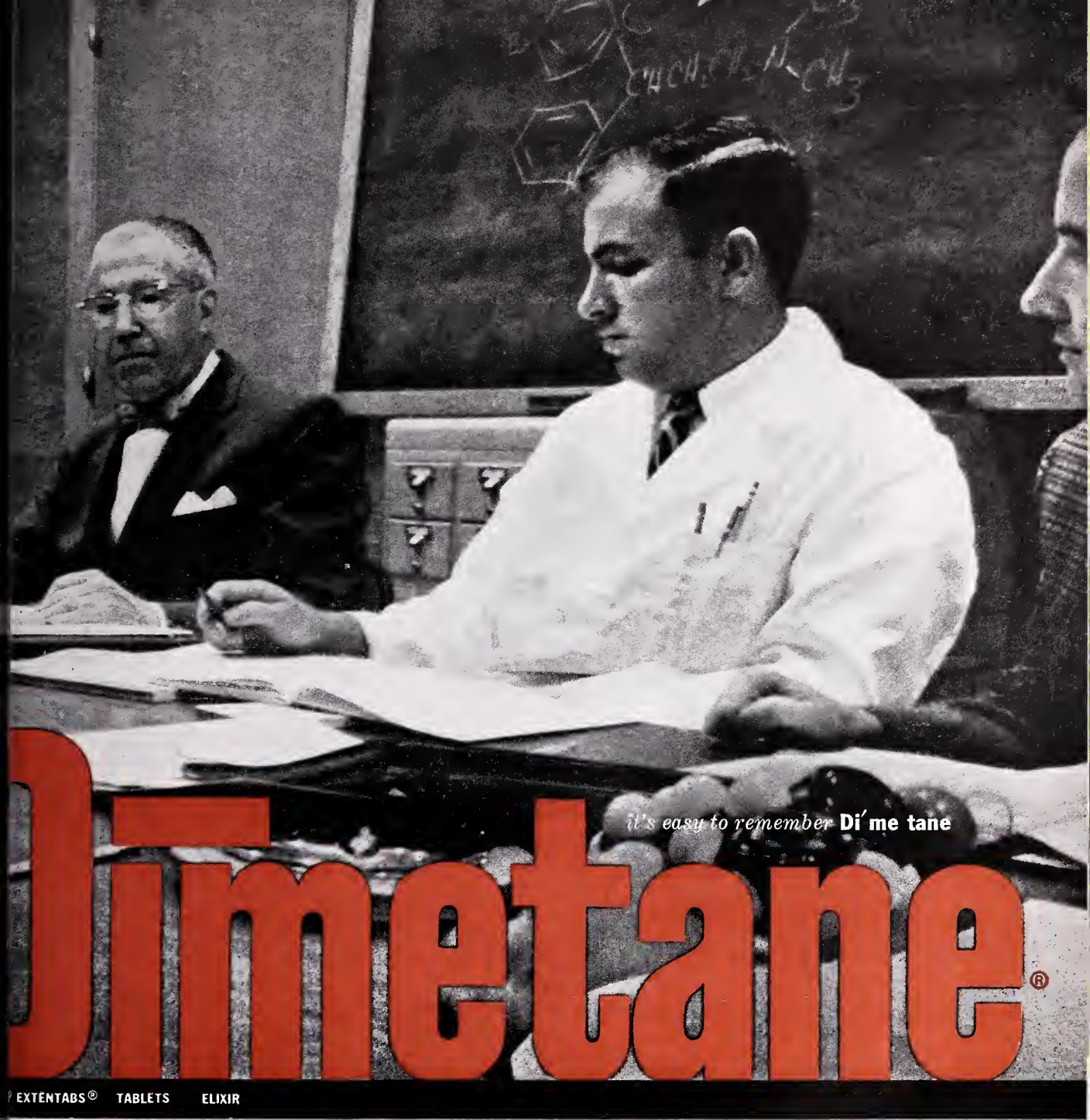
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		Excellent	Good	Fair	Negative	
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Urticaria and angioneurotic edema	3	1	1	1		Dizzy (1)
Allergic dermatitis	2		1	1		Slight Drowsir
Bronchial asthma	1		1			
Pruritus	1		1			
Total	37	15	13	7	2	Drowsiness (5) Dizzy (1)

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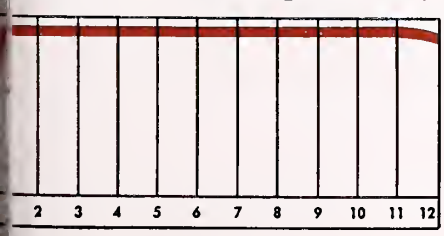
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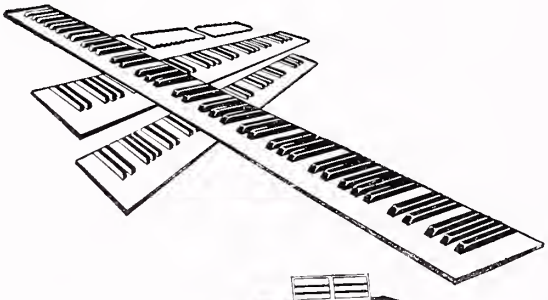
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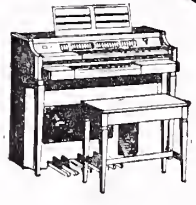
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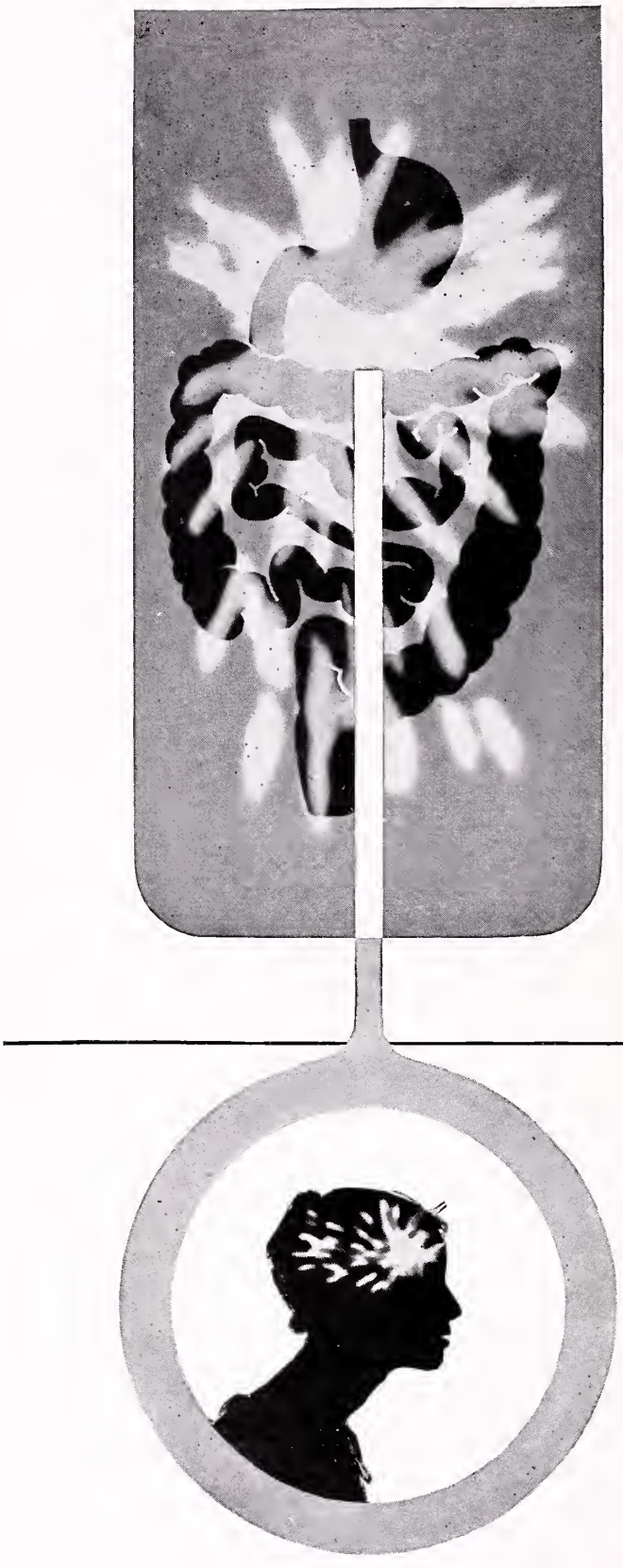
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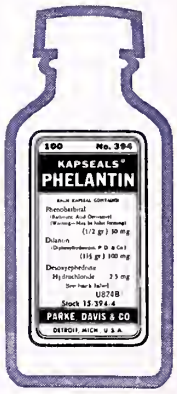


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1. Zimmerman, F. T., and Burgemeister, B.: *Arch. Neurol. & Psychiat.* 72:720, 1954.
2. Zimmerman, F. T., and Burgemeister, B.: J.A.M.A. 157:1194, 1955.
3. Zimmerman, F. T.: *Arch. Neurol. & Psychiat.* 76:65, 1956.



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MARCH-APRIL, 1958

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Correspondence

Interlingua

November 5, 1957

DEAR EDITOR:

Of course I'm not exactly on any "costa del Pacifico," but just the same, maybe you'd like to know that I'm very much interested in "Summarios in Interlingua." I can read it all without difficulty and I think it's fun. Did you write the Interlingua editorial yourself? I'd like to do that if I were there. I'll be interested to read about what response you receive.

Partly because I was intrigued by letters in Spanish we used to receive at the Medical Association, I've been studying that language in the college here, and I love it. I started taking courses when I came to Auburn because I didn't know what else there would be to do here. Since I've enjoyed them all so much, I'm still at it. An interesting one I'm taking this term is Problems in Hearing. We are learning about hearing testing, hearing aids, rehabilitation, etc. Because it's the first time the course has been taught here, we are compiling a bibliography of material on hearing and deafness which is available in our college library.

I devour every issue of the HAWAII MEDICAL JOURNAL, ads and all. Then I pass them on to Dr. Bernard Schultz, whose office we pass when we walk to classes. He is a g. p. here and I noticed a small Confederate flag on his office wall.

Aside from the Negro medical convention I attended last spring at Tuskegee Institute Hospital as a guest of Dr. Peter Murray, my only other medical contact here has been an Asian flu shot which I received free here at the college infirmary yesterday.

Gardner is working hard and enjoying his teaching. We are both happy here.

Aloha to "you-all,"

EDITH C. BENNETT

To the Editor:

The September-October 1957 issue of the HAWAII MEDICAL JOURNAL came to my desk this morning. I wish to express my delight at seeing the Summarios in Interlingua. In my work it is necessary to go over stacks of medical periodicals each day, and each day brings fresh realization of the difficulties inherent in most of the languages now in use. Our young people are losing much valuable time in learning the eccentricities of English, German, and French. If it is true that a struggle for survival is going on, this cause of inefficiency in communication must be removed. Please accept my congratulations on the forward step you have taken. I hope that many other periodicals will soon join in the group now using Interlingua.

FREDERIC T. JUNG, M.D.

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1958

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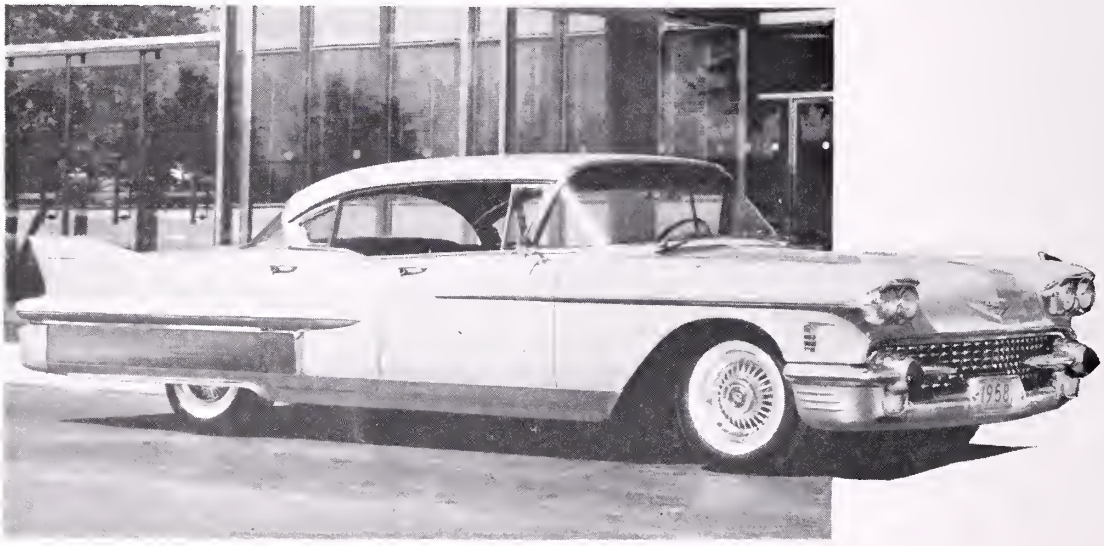


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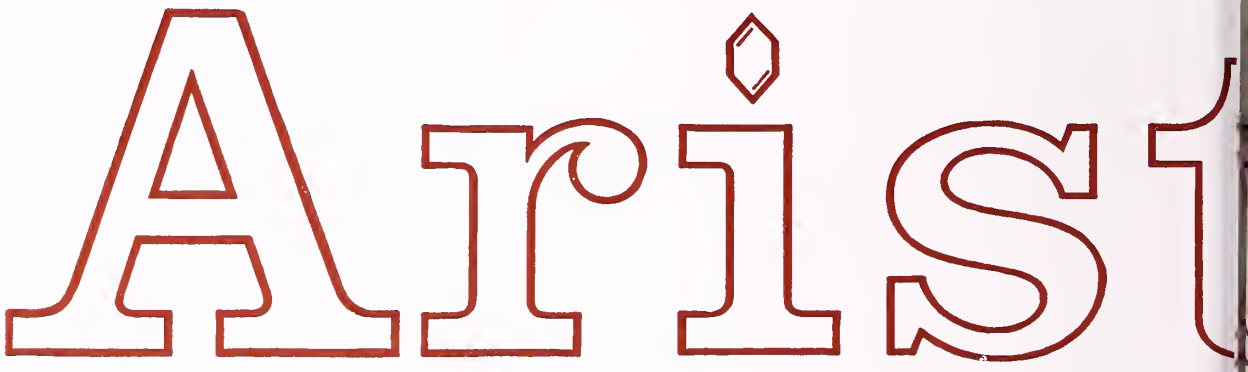
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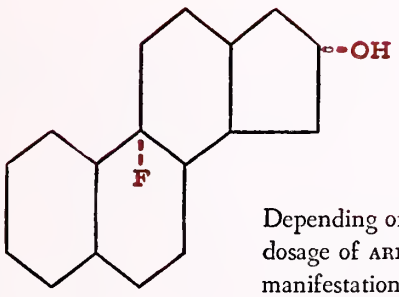
1. Rein, C. R., Fleischmajer, R., and Rosenthal, A. L.: J. A. M. A. *165*:1821, (Dec. 7) 1957.
2. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.
3. Sherwood, A., and Cooke, R. A.: Personal Communication.
4. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957.
5. Hartung, E. F.: Personal Communication.
6. Schwartz, E.: Personal Communication.
7. Sherwood, A., and Cooke, R. A.: J. Allergy 28:97, 1957.
8. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Paper presented at Nephrosis Conference, Bethesda, Md., Oct. 26, 1957.
9. Ibid.: Personal Communication.
10. Barach, A. L.: Personal Communication.
11. Segal, M. S.: Personal Communication.
12. Cooke, R. A.: Personal Communication.
13. Dubois, E. L.: Personal Communication.

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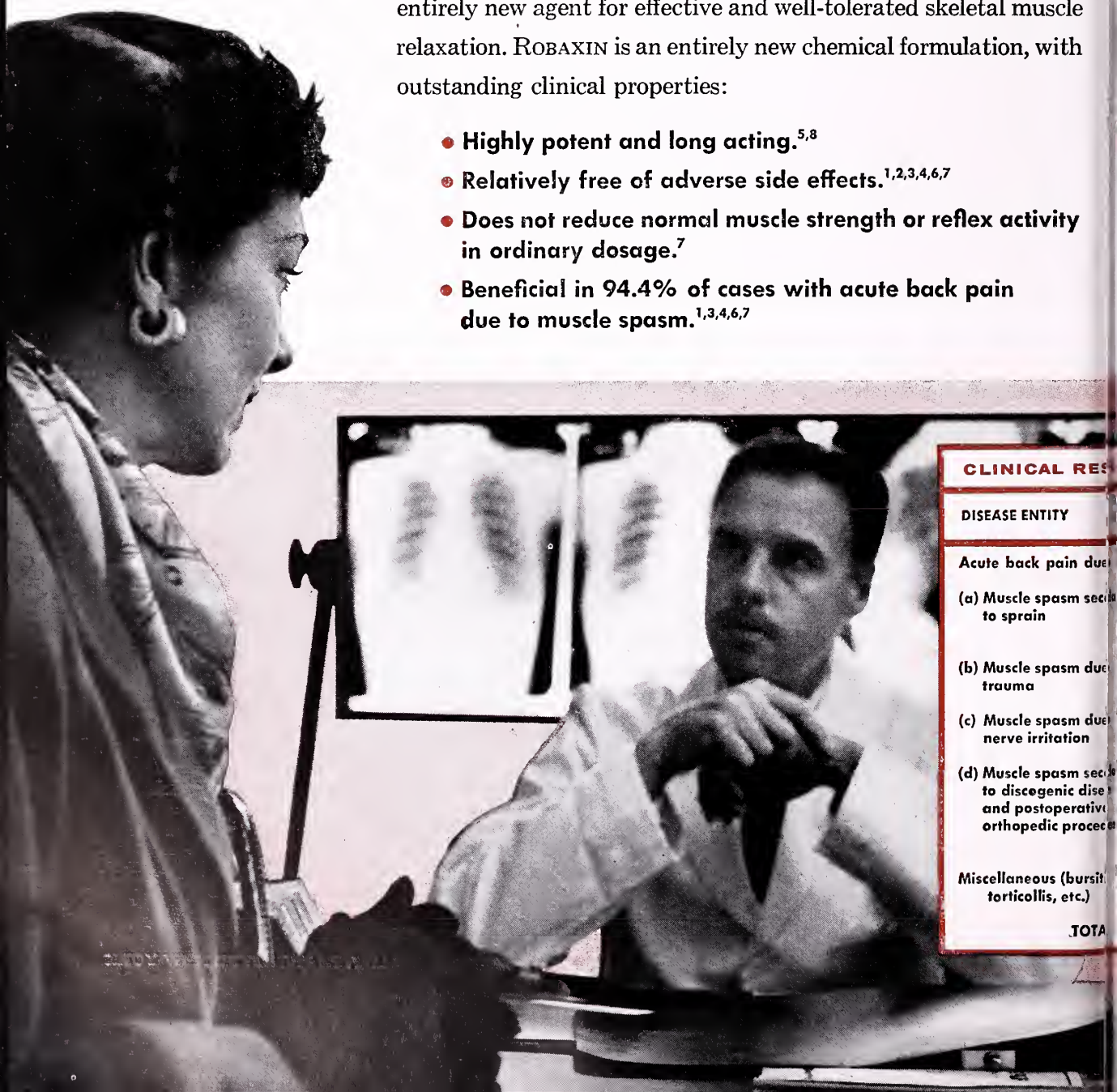
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1-240 days	2.25-6 Gm.	4	1	0	0	None, 5
2-28 days	1.5-9 Gm.	24	3	0	3	None, 25 Dizziness, 1 Lightheadedness, 2 Nausea, 2 *
1-60 days	4-8 Gm.	6	0	0	0	None, 6
		59	6	3	4	* Relieved on reduction of dose

References: 1. Carpenter, E. B.: Publication pending. 2. Carter, C. H.: Personal communication. 3. Forsyth, H. F.: Publication pending. 4. Freund, J.: Personal communication. 5. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: American Pharm. Assn. 46:374, 1957. 6. Nachman, H. M.: Personal communication. 7. O'Doherty, D.: Publication pending. 8. Truitt, E. B., Jr., and Little, J. M.: J. Pharm. & Exper. Therap. 119:161, 1957.

Indications – Acute back pain associated with: (a) muscle spasm secondary to sprain; (b) muscle spasm due to trauma; (c) muscle spasm due to nerve irritation; (d) muscle spasm secondary to discogenic disease and postoperative orthopedic procedures; and miscellaneous conditions, such as bursitis, fibrositis, torticollis, etc.

Dosage – Adults: Two tablets 4 times daily to 3 tablets every 4 hours. Total daily dosage: 4 to 9 Gm. in divided doses.

Precautions – There are no specific contraindications to Robaxin and untoward reactions are not to be anticipated. Minor side effects such as lightheadedness, dizziness, nausea may occur rarely in patients with unusual sensitivity to drugs, but disappear on reduction of dosage. When therapy is prolonged routine white blood cell counts should be made since some decrease was noted in 3 patients out of a group of 72 who had received the drug for periods of 30 days or longer.

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Riseman, J. E. F., Altman, G. E., and Koretsky, S.: Nitroglycerin and Other Nitrites in the Treatment of Angina Pectoris, Circulation (Jan.) 1958.

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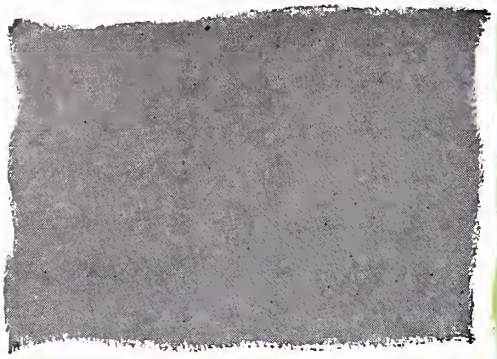
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references: 1. Altschul, A. and Billow, B.: The clinical use of meprobamate. (Miltown®). New York J. Med. *57*: 2361, July 15, 1957. 2. Atwater, J. S.: The use of anticholinergic agents in peptic ulcer therapy. J. M. A. Georgia *45*:421, Oct. 1956. 3. Borrus, J. C.: Study of effect of Miltown (2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate) on psychiatric states. J. A. M. A. *157*:1596, April 30, 1955. 4. Cayer, D.: Prolonged anticholinergic therapy of duodenal ulcer. Am. J. Digest. Dis. *1*:301, July 1956. 5. Marquis, D. G., Kelly, E. L., Miller, J. G., Gerard, R. W. and Rapoport, A.: Experimental studies of behavioral effects of meprobamate on normal subjects. Ann. New York Acad. Sc. *67*:701, May 9, 1957. 6. Phillips, R. E.: Use of meprobamate (Miltown®) for the treatment of emotional disorders. Am. Pract. & Digest Treat. *7*:1573, Oct. 1956. 7. Selling, L. S.: A clinical study of Miltown®, a new tranquilizing agent. J. Clin. & Exper. Psychopath. *17*:7, March 1956. 8. Wolf, S. and Wolff, H. G.: Human Gastric Function, Oxford University Press, New York, 1947.

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1. Winsor, A. L., and Strangin, E. I.: J. Exper. Psychol. 16:589 (1933).
2. Ogden, E., and Southard, Jr., F. D.: Fed. Proceedings 5:77 (1946).
3. Adler, H. F.; Beazell, J. M.; Atkinson, A. J., and Ivy, A. C.: Quart. J. Studies on Alc. 1:638 (1941).
4. Salter, W. T.: Geriatrics 7:317 (1952).
5. Wright, I. S., Arteriasclerosis, in Steiglitz, E. J.: Geriatric Medicine, Philadelphia, W. B. Saunders Co. (1949).

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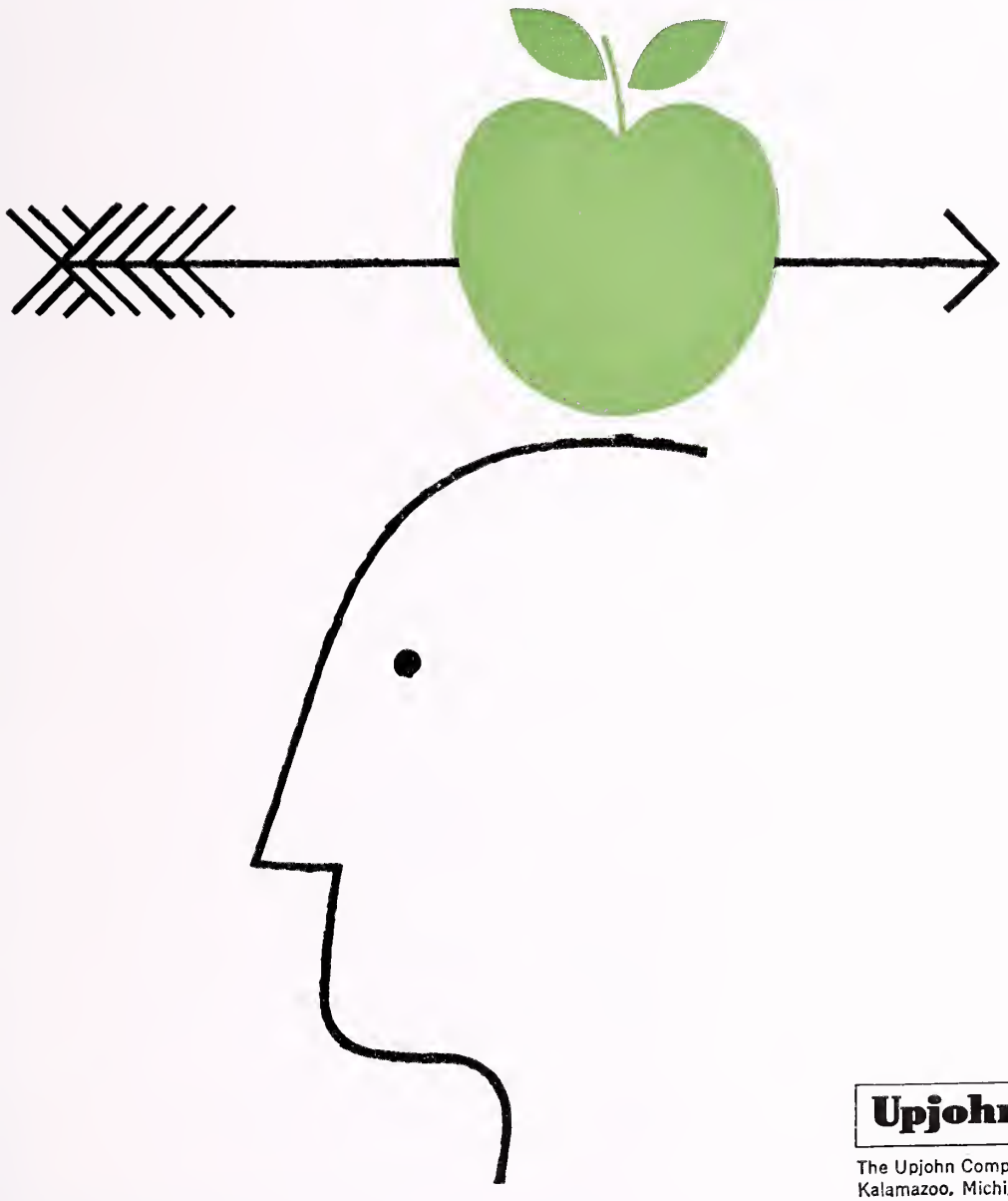
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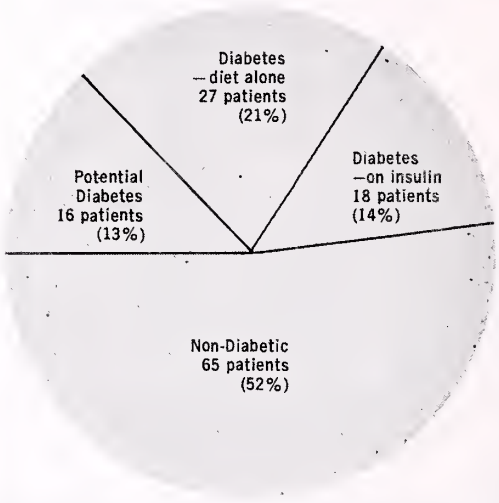
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*Murphy, R.: Connecticut M. J. *21*:306, 1957.

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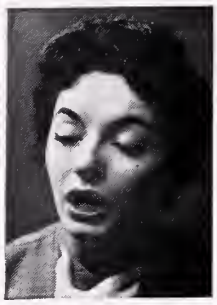
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1. Gay, L. N.; and Long, J. W. (Council on Pharmacy and Chemistry): *J.A.M.A.*, 139:452, Feb. 12, 1949.

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Asthma abstracts #23

Infectious factors in asthma

Baldwin, H. S.: *New York Jour. Med.*, 55:3037, Dec. 15, 1955.

Differentiation of infectious from noninfectious asthma depends on careful evaluation of several factors. Asthma occurring mostly in winter is more likely to be infectious. Fever, purulent sputum, leukocytosis and x-ray evidence of pulmonary consolidation in the adult point to infection. In children enlarged cervical glands, earache and sore throat suggest infection in adenoids and tonsils.

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Antibiotics have an important place in treatment of infectious asthma. If possible the sensitivity of organisms present should be determined and the appropriate agent selected. Inhalation of antibiotics is rarely indicated and may do harm by irritating the bronchial mucosa.

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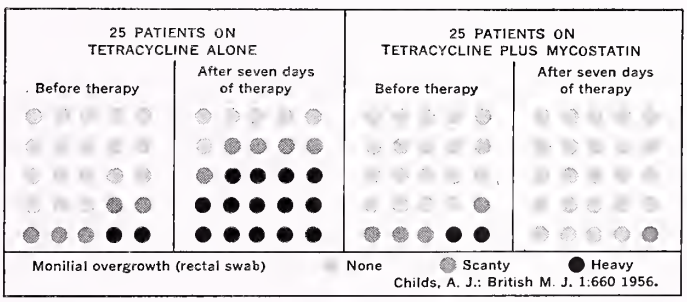
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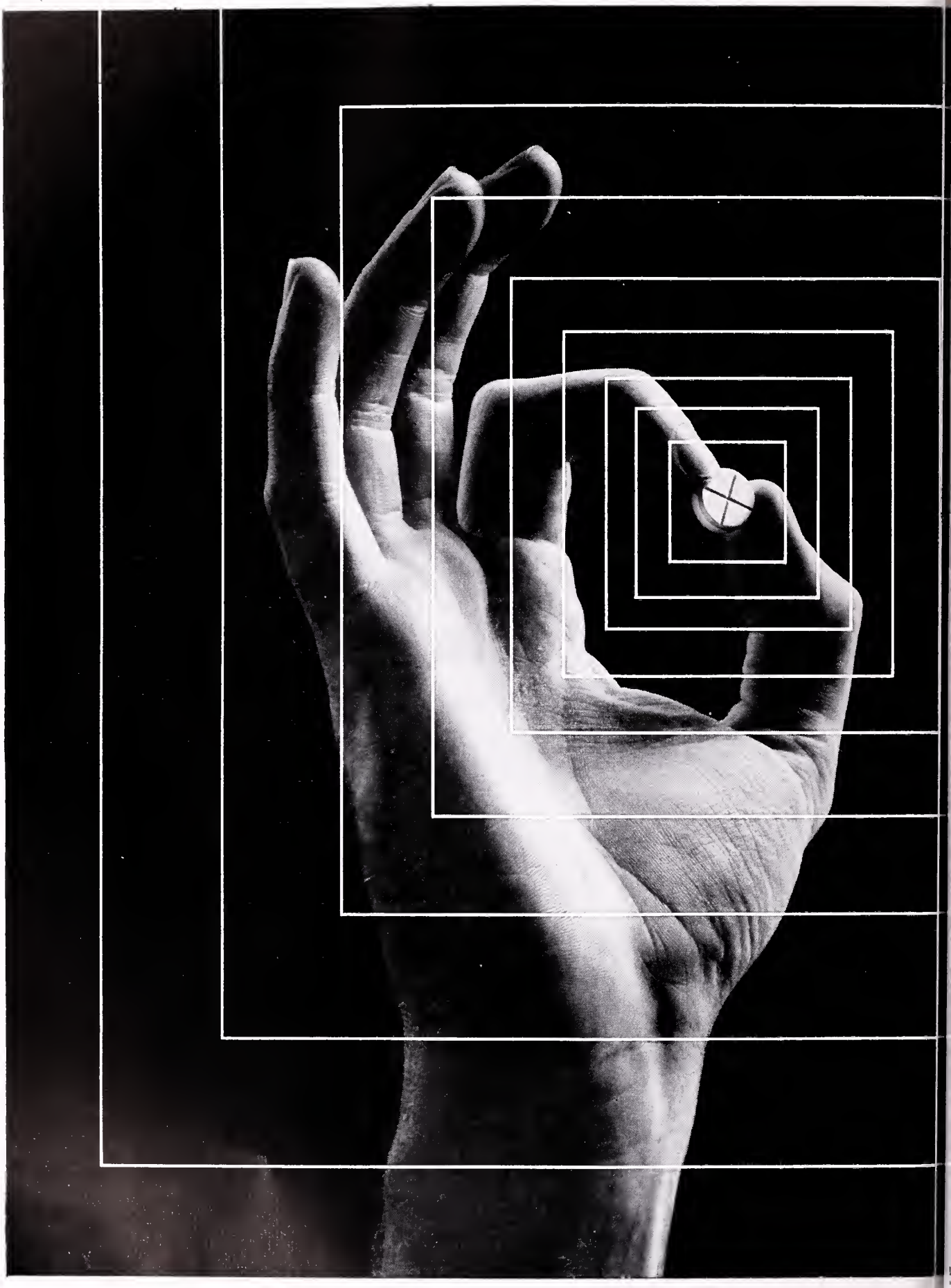
Childs, A. J.: British M. J. 1:660 1956.

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TABLETS: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

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1 Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

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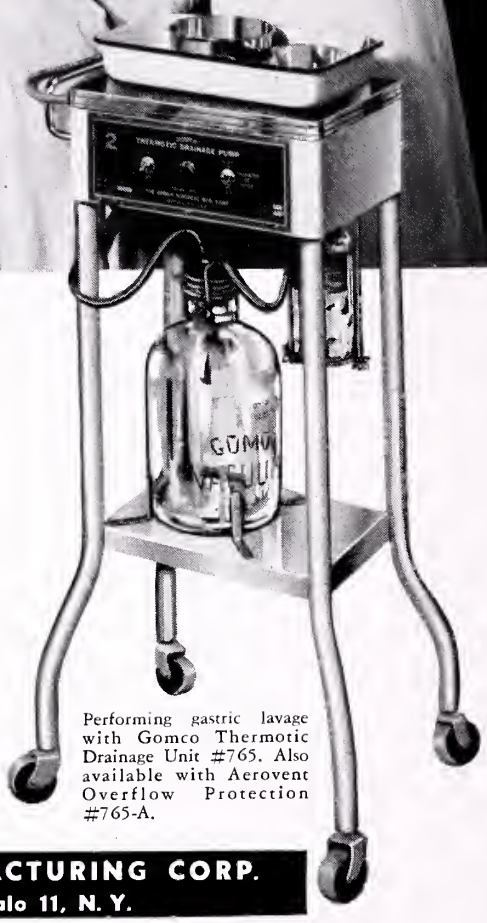


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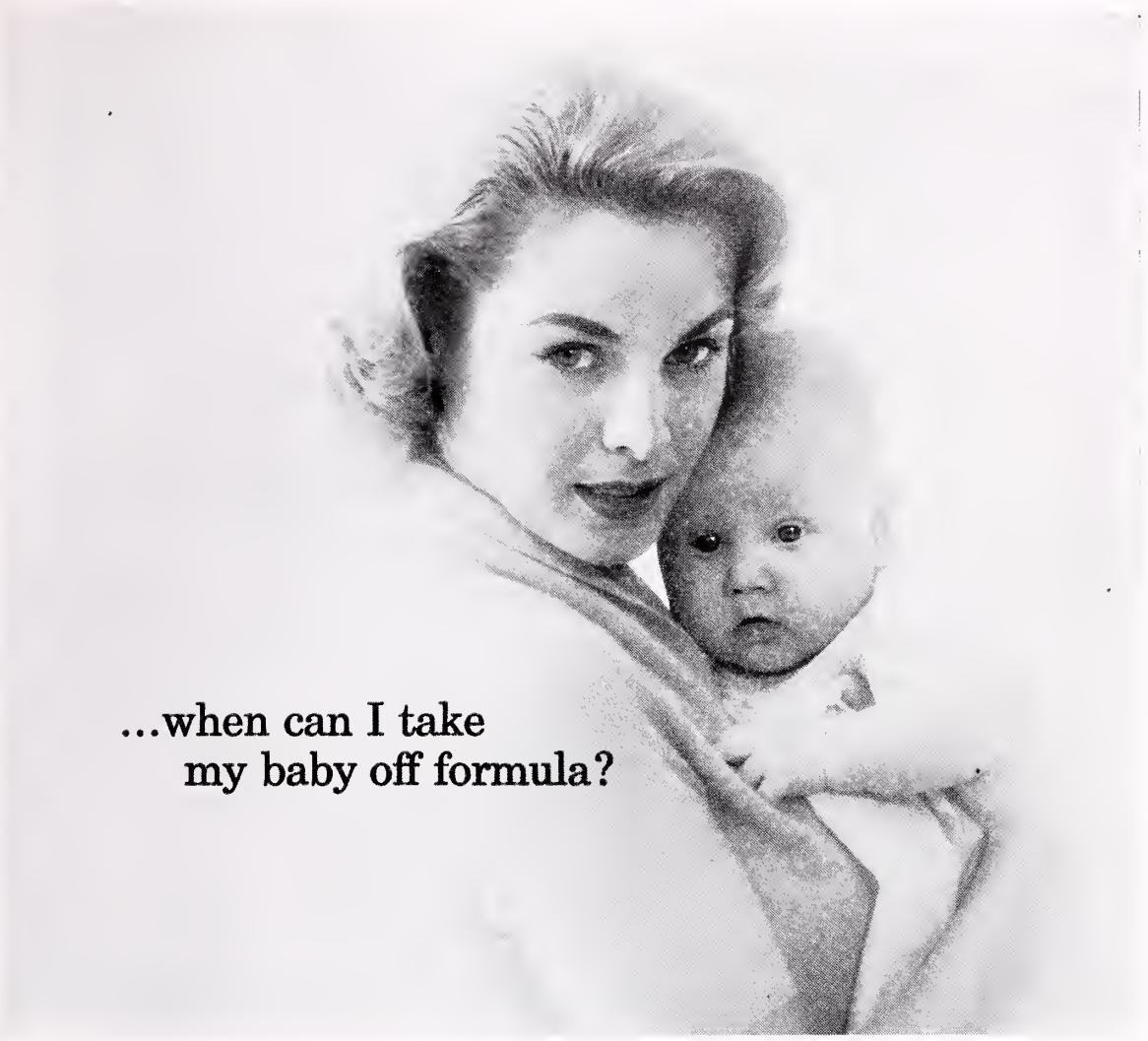
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'A.S.A.' (Acetylsalicylic Acid, Lilly)	*227 mg.*
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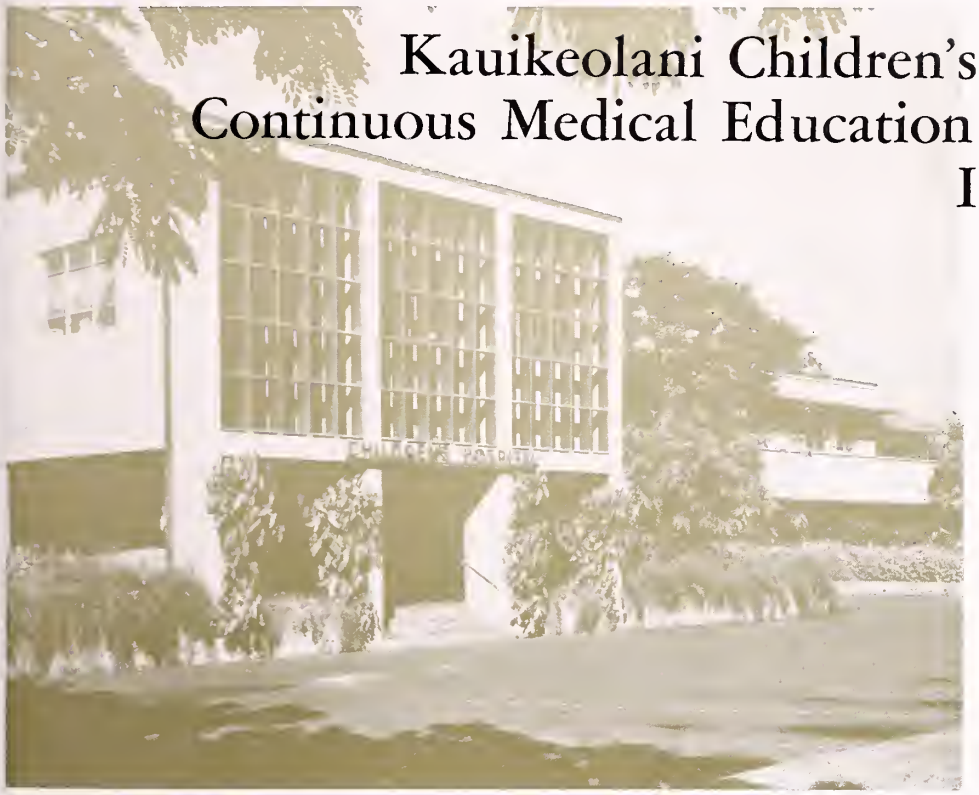
*'A.S.A. Compound' (Acetylsalicylic Acid and Acetophenetidin Compound, Lilly)

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Guest Editorial

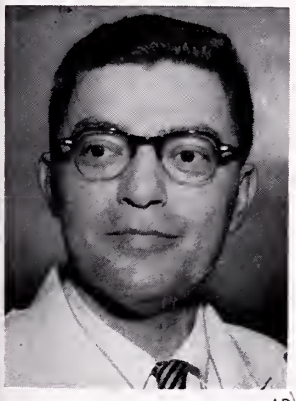
Kauikeolani Children's Hospital Continuous Medical Education Program In Hawaii



Bud Thuener

ALEX J. STEIGMAN, M.D.,* Louisville, Kentucky

DE HAEN'S recent survey revealed that 3,286 new drug items, plus 1,047 new dosage forms of familiar products, were made available between 1948 and 1956 in the U. S. A. The January 1958 "Current List of Medical Literature" (National Medical Library) lists no less than 11,655 new articles for the month! These statements are mere indicators of the volume of new knowledge. Even agreed that there would be little lost if many of these products and papers had not seen the light of day, one cannot ignore or dismiss the substantial residue. Fortunately, the good physician is by motivation a perpetual student. Indolence and disinterest are not the barriers; it is the shortage of time and the lack of organized programs for continuous education which demand solution.



DR. STEIGMAN AP

With particular regard to children, medical and surgical concepts and content have changed more in the twenty years since 1938 than in the preceding century. Why do we doctors even *try* to keep up? This question may be both naive and penetrating; the effort is certainly not made for legal or for pecuniary reasons.† Why, then, this quest for knowledge on the part of the good doctor? The answer lies, I sincerely believe, in the fundamental character of the individual who wished as a student to be a physician in the first place. We are people who may need status and security, but above all want the self-satisfaction which comes only from knowing we are doing the best we can for other people. And so we try desperately to at least tread water in this current flood of new knowledge, which bids fair to be only a beginning.

From the Department of Education, Kauikeolani Children's Hospital and the Department of Pediatrics, University of Louisville, Kentucky.
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† The writer has always taken a jaundiced view of the common practice of school teachers' enrolling for advanced credit courses as the only way to advance their salary.

Few, if any, of the past 20 years' medical advances have sidestepped the child; witness a few basic areas such as virology, genetics, psychobiology, or enzymology; or a few applied areas such as fantastic surgery for anomalies; antibiotics; steroids; and vaccines. And which doctors are involved in keeping up to date? The pediatrician, to be sure, but not to the exclusion of the family doctor, the surgeon, anesthesiologist, pathologist, and public-health physician. All these and more must combine in any suitable continuing medical education program which concerns children. It is beyond the scope of this statement to enumerate how the paramedical personnel are also involved; the reader would agree that the simple trilogy of doctor, mother, and child patient is often inadequate.

Just as medical schools now require full-time physicians to direct their education programs, so is the individual hospital beginning to realize this. The Kauikeolani Children's Hospital assumed leadership in this matter in the Territory with the appointment in 1956 of Prof. Irvine McQuarrie as Director of Medical Education. By the end of 1957 he had designed an intramural medical education program which could well serve as a pattern for any children's hospital lacking the advantage of medical-school association.

The three medical realms—patient-service, education, and research—are generally indivisible, the end product being improved patient care. The most sterling patient-care program runs the risk of becoming tarnished unless polished regularly by education and research. While one can hardly measure it in "units," it is abundantly clear to this observer that the care here is of an order and interest not always seen in hospitals lacking an organized educational program.

A basic element of a satisfactory program is lively participation of people. Like solitary drinking, solitary journal-reading may be effective without always being satisfying. The planned conference, oriented to review currently available patients has been a keystone in

The Kauikeolani Children's Hospital Program

Personnel: A full-time Director of Medical Education (current incumbent is Dr. Donald Char) who is authorized to enlist all members of the Medical and House Staffs. This is supplemented by an organized plan for Visiting Professors and Guest Lecturers; originated by Dr. Irvine McQuarrie, the group has included: Doctors Edward B. Shaw, James L. Wilson, A. Ashley Weech, John M. Adams, Lee Forrest Hill.

House-Staff Programs:‡ In addition to morning observation rounds with the Attending Physicians, and evening rounds with the Director of Medical Education, the following scheduled planned activities are conducted:

Mondays:
10:30—Clinical discussion at rounds with Visiting Professor.
12:30—Weekly Clinical Conference and Staff Meeting.
Tuesdays:
12:30—X-ray Conference.
Wednesdays:
8:30—Clinical discussion at rounds with Visiting Professor and Attending Physicians.
12:30—Journal Club (alternate weeks).
Thursdays:
8:30—Grand Rounds; case presentations and discussion by Staff and Visitors.
Fridays:
10:30—Clinical discussion at rounds with Visiting Professor.
12:30—Cardiac Conference (alternate weeks).

General Staff Program: All staff members and other interested physicians are welcomed to the activities listed above and participate variously. In addition there appears to be very brisk interest and participation on the following occasions twice weekly—

1) Monday, 12:30-1:30, lunch, short business meeting; clinical conference—which is patient-oriented and actively discussed by those attending.

2) Thursday, 8:30-9:30, "Grand Rounds"—being the presentation of patients and their full discussion by staff and visitors.

Teaching Equivalents and Credits

The Director of Medical Education at the non-medical-school-affiliated Hartford Hospital§ has calculated that physicians who attend the *daily* noon conferences there have the equivalent of more than one month's full-time postgraduate study at the end of each year. It is remarkable then to consider how valuable the habit of attending the twice-weekly conference at Children's Hospital becomes. For those who record continuing education hours, e.g., the American Academy of General Practice, it would be appropriate to set up a mechanism for accreditation of these twice-weekly conferences.

In conferences, as with many other things in life, Form and Substance are different properties. A medical conference whose substance or content is excellent can be spoiled by inattention to the details of Form. It is the *planned* medical education program which does the best job. This requires personnel, funds, and space. The K.C.H. has taken important steps to develop this and has plans for further improvement. It is to be hoped that other voluntary hospitals will do likewise and work out joint efficient programs.

‡ Newborn affiliation at Kapiolani Maternity Hospital; well-child conferences with appropriate Health Department personnel, activity in the Rehabilitation Center, and participation at the Shriners' Crippled Children's Hospital round out this program.

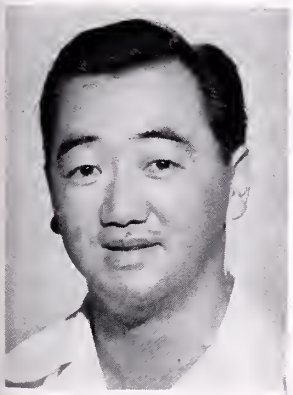
§ Leonard, J. C., Yale Jrl. Biol. and Med. 22:623 (July) 1950.

A bleeding, perforated duodenal ulcer occurred in a 3-year-old boy after one dose of ACTH and one small dose of prednisone.

Peptic Ulcers in Children

ROSS Y. HAGINO, M.D.,* Honolulu

PEPTIC ULCERS do occur in children. Increasing awareness of this is observed in the literature. The incidence as reported by different authors is variable and seems to depend on several factors. Even though the etiology is obscure and the clinical picture not typical, it is important to recognize the existence of peptic ulcers in children because of the potential dangers.



DR. HAGINO

Case Report

A three and one-half year old Caucasian boy was admitted with a history of having had generalized hives two weeks prior to admission. Four days prior to admission he had a recurrence. On both occasions tuna fish was eaten. That evening and the following day he had several episodes of vomiting. On the second day of illness he received 40 units of ACTH gel and was given some Metreton† tablets to take home. Although the hives decreased in severity, emesis continued and abdominal pain became manifest on the third day of illness.

At noon of the day of admission, the patient received his first tablet of Metreton and had his usual afternoon nap. At 3:30 P.M. he woke up with a scream and complained of abdominal pain. He was then given his second tablet of Metreton.

At 5:30 P.M., when he was seen at the hospital, the patient was in acute distress. Respirations were short and grunty. The following vital signs were recorded: T.99.6 F., respirations 56, pulse 148, blood pressure 105/60. He had scattered areas of erythema marginatum, with ecchymosis of the scrotum and the dorsum of the right foot. The abdomen was tense, with marked guarding and generalized tenderness. Bowel sounds were minimal. There was hyperresonance to percussion. Rectal examination showed tenderness in the right cul de sac. No blood was observed on the gloved finger. Stool smear with Wright's stain showed no eosinophiles. Hemoglobin on admission was 10.8 grams, red cells 4,900,000, normal platelets, white count 14,400 with 63% neutrophils, 15% stabs, 20% lymphocytes, 1% monocytes and 1% eosinophiles. Urinalysis was normal except for a faint trace of albumin and strong acetone. The provisional diagnosis of a ruptured appendix was made and a scout film of the abdomen was ordered. The surgical consultant felt that a period of observation was warranted.

At 10:00 P.M. the patient vomited 50 ml of coffee ground material with subsequent fall in blood pressure. intravenous fluids were started and a Levine tube inserted with Wangensteen suction yielding a further 300 ml of coffee ground substance. A chest x-ray showed air under the right diaphragm.

At surgery a 7.5 mm perforation of the first part of the duodenum at its inferior posterior border was found. The perforation was new and without any associated areas of inflammation or fibrosis. The lesion was repaired by simple closure with omental reinforcement.

On the second postoperative day a gastric analysis showed no free hydrochloric acid and only 11.6 per cent combined hydrochloric acid. The postoperative course was uneventful. The patient's blood type was A, Rh negative.

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† Metreton . . . each tablet contains 2.5 mg prednisone, 2.0 mg chlorprophenpyrimadine maleate (an antihistamine), and 75 mg ascorbic acid.

PARTIAL REVIEW OF THE LITERATURE: PEPTIC ULCERS IN CHILDREN

YEAR	AUTHORS	REFERENCE	CASES	COMMENTS
1829	Cruveiller	Anatomie Pathologique du Corps Humaine	3	One of the earliest reported cases which led to further investigations and recognition.
1913	Holt	Am. J. Dis. of Child. *79*, 50	95	Autopsy cases. He found 70% occurred in the 1-5 months age period.
1925	Proctor	Surg. Gyn. Obstet. *41*, 63	2	Autopsy cases. Survey of 8,260 cases of peptic ulcers in the Mayo Clinic Records.
1942	Guthrie	Arch. D. of Childhood *17*, 82	9	Autopsy cases. Duodenal ulcers only. 6,059 cases at Glasgow Children's Hospital between 1914 and 1941.
1949	Karlstrom	Helv. Ped. Acta *4*, 455	30	Roentgenographic. Reviewed records of 26 Swedish clinics over 5 year period.
1951	Alexander	Radiology *56*, 799	30	Roentgenographic. 254 cases, mostly referral.
1952	Jenkins	Texas State J. of Med. *48*, 768	80	Roentgenographic. 12 year period. Most showed penetration before diagnosing.
1953	Girdany	Pediatrics *12*, 56	45	Roentgenographic. 1 year period. High incidence is in contrast to other reports. Criteria of ulcer crater and deformity of duodenal bulb used.
1957	Goldberg	British Med. Journal June 29, 1957	20	Roentgenographic. 18 diagnosed on basis of a barium meal 9 of whom showed only deformity of the duodenal bulb.

Incidence is Uncertain

The table illustrates the difficulty of trying to establish a true incidence of peptic ulcers in children. The true incidence must lie between the two extremes presented by autopsy reports and roentgenographic evidence.

Like adults, children tend to have more duodenal than gastric ulcers. Duodenal ulcers are found more commonly in boys, whereas gastric ulcers occur in both sexes with equal frequency. In the first two weeks of life, Bird *et al.* found the ratio of gastric to duodenal ulcers to be 1:2. They based their findings on an extensive review of the world literature in which the diagnosis of peptic ulcers in children was made at surgical operations. In 1941, when their review was published, they found 77 cases of perforation, only three of which were in the two-to-six-years age group.[1]

Cause is Obscure

The etiology of peptic ulcers in children is obscure and unsettled. Some authors blame emotional tensions as the prime cause of ulcers in children.[2] Selye has shown that various stresses may produce an alarm reaction and that during the "shock phase," acute gastrointestinal ulcers may form.[3] In this general category we may include the association of ulcers with infections, burns, cerebral trauma, and even surgery. In newborns direct trauma, such as pushing down a gastric tube, can cause perforations.

Recently ABO blood groups have been subjected to statistical analysis, relating them to susceptibility to several disease states including peptic ulcers. It has been reported that such ulcers are most common in the "O" blood group.[4]

In the neonatal period a possible association exists between gastric acidity and ulcer formation. Acid secretion starts at birth and reaches a maximum at 48 hours which is equivalent to the amount found in adults. It then falls rapidly to reach a low level at 10 days and remains at this low level throughout infancy.

[1] Bird, C. E., Limper, M. A., and Mayer, J. M.: Surgery in peptic ulceration of stomach and duodenum in infants and children, Ann. Surg. 114:4 (Oct.) 1941.

[2] Chapman, A. H., Lock, D. G., and Young, J. B.: A psychosomatic study of five children with duodenal ulcers, J. Pediat. 48:248 (Feb.) 1956.

[3] Selye, H.: The alarm reaction and the diseases of adaptation, Ann. Int. Med. 3:403 (Sept.) 1948.

[4] Pell, S., D'Alonzo, C. A., and Heming, A. J.: A study of the relation of ABO blood groups to peptic ulceration and hypertension, Ann. Int. Med. 46:1024 (June) 1957.

Steroids May Cause It

Steroids have also been implicated as causing peptic ulcer. Good reported on two pediatric cases in which perforation occurred following steroid therapy. One of his cases had a perforated ileum after only ten days' therapy with ACTH for nephrotic syndrome.[5] Sandweiss found 50 cases of peptic ulcers in the literature which were attributable to steroids, 22 of whom never had previous ulcer symptoms.[6] Gray and his co-workers found that gastric pepsin, gastric acidity, and uropepsin levels are elevated following chronic administration of ACTH or cortisone.[7] The pathway is thought to be by way of the adrenal glands, independently of the gastric antrum or the vagus nerves. They found that these effects also occurred after complete vagotomy. ACTH was found to cause a rise in uropepsin levels even after a subtotal gastric resection. They also found that stimulation by stress and presence of hypothalamic tumors were associated with high uropepsin levels, whereas hypopituitarism and Addison's disease were accompanied by low levels.

Peptic ulcers in children may involve the esophagus, Meckel's diverticulum or other ectopic gastric mucosae. Gastric ulcers are most commonly located near the pyloric ring, followed by the posterior wall, the cardia, and the anterior wall. In the duodenum they are usually situated on the posterior wall above the ampulla of Vater.

The inflammatory changes may be so extremely acute that the ulcer extends to the serosa and perforates before operative interference is feasible. These show no induration of the wall or cellular reaction in the tissues around them. A less acute process may be walled off by bands of adhesions and occasionally extend into the pancreas.[8]

Age Pattern Varied

The clinical picture of peptic ulcer in children is different in different age groups. Goldberg suggests dividing them into four age categories: neonatal, infantile, childhood, and adolescent.[9]

In early infancy a duodenal ulcer is an acute condition. It is characterized by rapid pathological changes with little tendency for repair. Symptoms are often related to feeding problems such as irritability, refusal to eat, vomiting and failure to gain weight. More often perforation and hemorrhage are the presenting signs. Free air may be found in the abdomen. Marked anemia and shock may ensue.

In the childhood group, abdominal complaints may or may not simulate ulcer pain in adults. Anemia, occult blood, and hematemesis may or may not present. Abdominal distress is often manifested by drawing up of the legs. Pain in children, unlike that in adults, is not usually related to eating. It is usually more severe in the early morning hours and often aggravated by trying to eat breakfast. The pain is not usually localized and may last only a few minutes or persist for several hours at a time.

In the adolescent the clinical picture often resembles that of the adult. Very often they are great milk drinkers. Vomiting is less frequent but nausea is more common. Hematemesis and melena are variable in frequency. Abdominal pain is a constant feature but varies as to location, time of occurrence and degree of intensity. Greatest tenderness to palpation is usually found in the epigastric area. Mild to moderate hypochromic anemia is not uncommon.

Diagnosis is Difficult

There are not many reliable diagnostic aids. The fractional test meal is of little help as it is usually normal. The benzidine test is often positive but is not diagnostic. Even at laparotomy an ulcer is often missed unless specifically looked for, because there is very little fibrosis and the outer duodenal layer may appear normal.

In the hands of an experienced person the barium test meal seems to be the most reliable aid to diagnosis. However, such a procedure is impractical in every obscure abdominal pain. The demonstration of a niche is difficult because barium frequently passes the duodenal cap so rapidly. Although some bulbar deformity can usually be shown, gross deformities, as in adults are the exception. Probably the course is one of irritability leading to a deformed duodenal cap and subsequently an ulcer crater.

Conservative Treatment

Most cases can be treated medically with rest, diet, and antipasmodics. Bed rest for one or two weeks, depending on the severity of symptoms and response to treatment, is recommended. A diet initially consisting of milk and cream 1:1 every one to two hours is helpful. Eggs, cooked cereals, cream soups, custards, pureed vegetables, and lastly meat can be added gradually. More protein than in adult diets should be incorporated.

Small doses of tincture of belladonna or pheno-

[5] Good, R. A., Vernier, R. L., and Smith, R. T.: Serious untoward reactions to therapy with cortisone and adrenocorticotropin in pediatric practice (Part I), Pediatrics 19:95 (Jan.) 1957.

[6] Sandweiss, D. J.: Effects of adrenocorticotropic hormones (ACTH) and of cortisone in peptic ulcer, gastroenterology 27:604 (Nov.) 1954.

[7] Gray, S. I., and Ramsey, C. G.: Adrenal influences upon the stomach and the gastric responses to stress, Recent Progress in Hormone Research 8:583, 1957.

[8] Cole, A. R. C.: Gastric ulcer of the pylorus simulating hypertrophic pyloric stenosis, Pediatrics 6:897 (Dec.) 1950.

[9] Goldberg, H. M.: Duodenal ulcers in children, Brit. M. J. 1:1500 (June) 1957.

barbital three to four times daily give symptomatic aid.

Under this type of regimen Jenkins found relief of symptoms to be prompt and patients could be placed on full diets in three to four weeks. There was x-ray evidence of complete healing in several of his cases in four weeks, with the majority showing complete healing in eight weeks.[10]

Psychic Factors Controversial

Psychiatric considerations should not be overlooked, although there is much controversy as to the part they play. Proctor and Alexander do not believe that worry and stress play any part in the etiology of duodenal ulcers in children. Aye, Chapman, and Goldberg in their own series found emotional trauma to be very important.[11]

Surgical Intervention

The indications for surgery are similar to those in adults. After the age of 17 years, stenosis or frequently recurring attacks of pain may occasionally demand surgery. At that age vagotomy and gastroenterostomy may result in fewer growth and nutritional disturbances than partial gastrectomy. Gastroenterostomy alone has been followed by a stomal ulcer in some instances.

[10] Jenkins, A.: Peptic ulcer in children, Tex. St. J. Med. 48:768 (Nov.) 1952.

[11] Aye, R. C.: Peptic ulcers in children, Radiology 61:32 (July) 1953. Chapman.[2] Goldberg.[9]

In general, the prognosis is good, with a lower rate of recurrence in the younger age groups.

Summary

A case of a ruptured duodenal ulcer in a child has been presented, with a partial review of the literature, illustrating that peptic ulcers do occur in children. The incidence of cases is shown to depend on the diagnostic criteria used.

In infants the clinical picture presents as an acute condition. Adolescents resemble in large part the adult patients with peptic ulcers. In the intervening ages the clinical picture is atypical.

The etiology, pathology, and therapy are briefly discussed, illustrating that no single causative factor is involved.

Summario in Interlingua

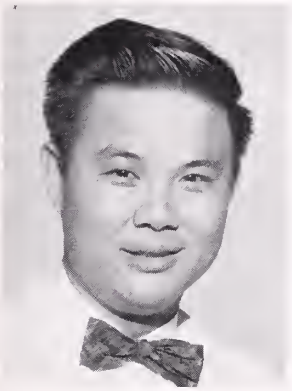
Ulceration peptic del stomacho o del duodeno es infrequente in juveniles, sed illo pote occurrer. Le incidentia reportate varia secundo le criterios usate. In infantes le aspecto es usualmente acute. Adolescentes presenta un aspecto clinic simile a illo vidite in adultos. Como in adultos, therapia steroide pote initiar o aggravar le condition in juveniles. Intervention chirurgic pote devenir necessari. Es reportate le caso de un sanguinante e perforate ulcere duodenal occurrente in un puero de tres annos e medie de etate post le administration de un dose de ACTH e un dose de prednisona.

Staphylococcus empyema is common in infants, and may be fatal. Selection of an effective antibiotic, and prompt institution of intercostal tube drainage, should cure most cases.

Staphylococcus Empyema in Children

CALVIN C. J. SIA, M.D.,* AND SCOTT C. BRAINARD, M.D.,† Honolulu

THE RELATIVE frequency of serious pleuropulmonary staphylococcal infection of infancy is increasing here and elsewhere in the United States. This organism's capacity to develop resistance to antibacterial agents is an important feature in its pathogenicity. In addition, serious staphylococcal infections (e.g., hematogenous osteomyelitis, empyema, and septicemia) occur with much greater frequency in infancy than in later life, suggesting some degree of acquired immunity to the invasive strains in later years. In the past ten months, eight infants suffering from staphylococcal empyema were treated at Kauikeolani Children's Hospital. That the only fatality occurred in a three-week-old infant should not cause one to minimize the lethality of this infection.



DR. SIA

Onset Is Sudden

The acute fulminating cases present with sudden onset of symptoms, indicating overwhelming toxicity. There is severe prostration, dyspnea, cyanosis, and shock, with death usually occurring within 24 to 48 hours. The incidence of this form is highest in the newborn period.[1]

Where suppuration is prominent, there is usually a history of a mild upper respiratory disturbance followed by a sudden rise in fever, grunting respirations, and cough. The patient appears toxic and cyanotic, and demonstrates positive physical findings of consolidation, at this time.

Roentgen Picture Changes Swiftly

The most consistent roentgenographic feature is the rapidly changing roentgen picture, which often occurs in the presence of an unchanging clinical course.[2] Early in the disease *infiltrative lesions* predominate and are seen as densities of the focal, segmental, or lobar type, or variations of these. The lobar areas of density are more frequent due to confluent atelectasis than to pure consolidation. It is rare that the multiple small abscesses can be visualized at this stage, and there is often nothing characteristic to distinguish this picture from other types of bacterial pneumonia.

A sudden nontraumatic *pneumothorax* will frequently occur; and if it is at this stage that the

* Resident, Kauikeolani Children's Hospital.
† Chief of Surgery, Kauikeolani Children's Hospital.

[1] Forbes, G. B.: Discussion of Empyema. Conference at St. Louis Children's Hospital, J. Ped. 32:598 (May) 1948.
[2] Forbes, G. B., and Emerson, G. L.: Staphylococcal pneumonia and empyema, Ped. Clin. N. A., p. 220 (Feb.) 1957. Campbell.[3] Disney.[4]

patient is first seen, it should immediately suggest the presence of underlying staphylococcal pneumonia.[3] Invariably the mediastinum shifts toward the other side of the thorax, with some compression of the uninvolved lung. In cases with a large bronchopleural fistula, a tension pneumothorax often develops.

Segmental or diffuse alveolar *emphysema* is a common finding in bronchogenic suppurative infections because of the intermural bronchial edema. In fulminating staphylococcal pneumonia, diffuse obstructive emphysema is seen in the early stages. This often obscures the underlying infiltrations in the lung.

Pleural effusion or *empyema* present a homogeneous opacification and frequently a mediastinal shift. Less frequently the empyema or pyopneumothorax is encapsulated adjacent to the area of lung suppuration and may be very difficult to differentiate from a pneumatocele, which is of prime importance, since the former may require surgical intervention.

Pulmonary pneumatoceles develop as thin-walled, cyst-like cavities in the lung parenchyma. Occasionally fluid levels may be seen in the pneumatocele cavity. The occurrence of pneumatocele is of considerable diagnostic import, since it is rarely seen in other types of pneumonia.

Frequent chest films are mandatory in the therapy of staphylococcal pneumonia.

Diagnosis Is Bacteriologic

The clinical and roentgenographic picture often suggests the diagnosis of staphylococcal pneumonia with empyema on initial examination. The isolation of staphylococci from the blood, pleural fluid, or lung[4] leaves no doubt of the diagnosis. Nasopharyngeal culture of staphylococci with such a clinical picture is also highly suggestive; however, since staphylococci are found so commonly in the normal nasopharynx, a positive culture here is not diagnostic alone.

Often the presence of localized staphylococcal infection elsewhere in the body helps establish the etiologic agent. Acute hematogenous osteomyelitis has often been associated with staphylococcal pneumonia.

The high incidence of staphylococcal empyema in the young infant as compared to pneumococcus and streptococcus is also strong evidence in favor of this etiologic agent in the newborn period. The failure of response to penicillin would suggest other etiologic agents than pneumococcus as the cause for a pneumonia in childhood.

[3] Campbell, J. A., Gastineau, D. C., and Velios, F.: Roentgen studies in suppurative pneumonia in infants and children, J.A.M.A. 154:468-472 (Feb. 6) 1954.

[4] Disney, M. E., Wolff, J., and Wood, B. S. B.: Staphylococcal pneumonia in infants, Lancet 21:767-771 (May 26) 1956.

Bacteriology

Staphylococcus aureus is easily detected in simple culture media. The golden staphylococcus is spherical in shape and grows commonly in grape-like clusters. Micrococcus pyogenes var. aureus, its proper name, is a gram positive, facultative anaerobe, nonmotile, nonsporeforming, and very hemolytic.

The origin of antibiotic-resistant staphylococcus is a complex subject.[5] It apparently varies with each antibiotic and possibly with different strains of staphylococci. In penicillin-resistant strains, the organism produces penicillinase, which destroys the antibiotic.[6] The penicillin-destroying strains of staph. aureus probably represent mutants developing from selection and cross-infection in the hospital environment.[5]

The virulence of the organisms is directly proportional to the use of local and systemic antibiotics in the community. Long-term local treatment, with most compounds, is the best way of developing a resistant strain of organism, and should therefore be avoided. Barber[5] states that in 1887 Kossiakoff wrote a paper on "the capacity of microbes to adapt themselves to antiseptic media." Staphylococci have certainly emerged the most adept today.

Pathology

Staphylococcal pneumonia may be divided into two groups pathologically: (1) where suppuration plays a minor role, as in acute fulminating cases, or (2) where suppuration is prominent with frequent multiple abscesses arranged about the bronchioles in clusters.[7]

In the acute fulminating cases, one or more large and well defined areas of consolidation are usually found. This is often accompanied by a serofibrinous pleural effusion and subpleural hemorrhages. Microscopic sections of the consolidated areas reveal intense hemorrhage and exudation, and the patient's demise is so rapid there is insufficient time for abscess formation.

In the second type, where suppuration is prominent, multiple small abscesses form in the periphery of the involved lung. These abscesses tend to cluster about the bronchioles. They often enlarge and coalesce to form larger cavities which contain abundant staphylococci. As these pulmonary abscesses enlarge, they may rupture into the

[5] Barber, M., and Burston, J.: Antibiotic-resistant staphylococcal infection: a study of antibiotic sensitivity in relation to bacteriophage types, Lancet 12:578-582 (Sept. 17) 1955.

[6] Tunevall, G., Acta Path. et Microbiol. Scandinav., Supp. III, p. 127-129, 1956, as noted in The Yearbook of Internal Medicine, 1957-1958, p. 11. Yearbook Publishers, Inc., Chicago, Ill., 1957.

[7] Blumenthal, S., and Neuhof, H.: Staphylococcic pneumonia in infancy & childhood & its surgical aspects, Am. J. Dis. Child. 72:691-719 (Dec.) 1946.

pleural cavity, forming localized or extensive empyema. If the abscess has a sufficiently large connection with a bronchus, a pyopneumothorax results. Pleural adhesions often form, with the development of purulent loculations.

Autopsy studies suggest that the infection enters the upper respiratory passages and spreads into the peripheral portions of the bronchial tree, where extension continues by the lymphatics and interstitial tissues into the pulmonary parenchyma.[8] Pneumatoceles develop following the penetration of the bronchial wall by a peribronchial abscess. The abscess is subsequently evacuated, leaving an air-containing cavity with a check-valve mechanism in the bronchial wall which permits a rapid emphysematous infiltration of this cavity.

Treatment: Medical and Surgical

The treatment of staphylococcal pneumonia necessitates a combined approach, medically and surgically.

Medical Therapy

The basic principle in therapy is the eradication of the infecting organism. Cultures from nasopharynx, blood, and pleural fluid should be obtained prior to therapy for bacterial identification and sensitivity studies.

The choice of systemic antibiotics is dependent on the virulence and resistance of the organisms. Many strains of staph. aureus have apparently become resistant to such routine drugs as sulfonamides, penicillin, and tetracycline. Chloramphenicol, erythromycin, novobiocin, and magnamycin have been shown to be most effective according to *in vitro* sensitivity studies by the disc method. Aqueous penicillin in large doses has also been included in the treatment of any serious infection. Thus, the systemic antibiotics used in staph. empyema have been erythromycin, novobiocin, chloramphenicol, and aqueous penicillin, in various combinations. The dosage of drugs has varied from 50 to 100 mgm/kg/24 hours in four to six doses of erythromycin, novobiocin, and chloramphenicol. Aqueous penicillin has been used in doses varying from one to five million or more units per day, intravenously or intramuscularly.

Besides systemic antibiotics, other supportive medical therapy includes: oxygen, intravenous fluids, whole blood transfusions, gamma globulins, decompression of abdominal distention, antipyretic measures, and positioning of the infant as indicated.

[8] Reiman, H. A.: Primary staphylococcic pneumonia, J.A.M.A. 101:514 (Aug. 12) 1933.

Surgical Therapy

In utilizing surgical adjuncts in the treatment of staphylococcic empyema, the following principles are of prime importance.[9]

1. Control of infection.
2. Evacuation of pleural space.
3. Re-expansion of the lung.
4. Re-establishment of normal physiology of the respiratory tract.

Following a thoracentesis establishing the diagnosis of empyema, a small intercostal catheter is inserted into the pleural space by means of a trochar on the ward, utilizing local anesthesia. Continuous 10-15 cm suction by means of any type of pump, controlled by a water break, is applied to the catheter, which will evacuate the pus and air, with subsequent lung re-expansion.

The suction is continuous except for a period of two to three hours following the instillation of intrapleural antibiotics through the catheter.

Since staphylococci may cause exudation high in fibrin content, intrapleural loculations and thick pus may occur. To combat this, drainage is instituted as early as possible, to remove pus before these factors take place. Should the suction pleural toilet be hampered by viscid pus, streptokinase-streptodornase solution is instilled intrapleurally and suction resumed one to two hours later. The utilization of streptokinase-streptodornase solution is determined by the poor clinical response and x-ray appearance. Streptokinase-streptodornase solution has its disadvantages in that it may possibly cause a further elevation in temperature or, on the other hand, a bronchopleural fistula.[10]

Penicillin and streptomycin in high concentration are the antibiotics used for intercostal tube and intrapleural space instillation. Although the *in vitro* sensitivities appear contrary, these antibiotics frequently show beneficial effect on pus and exudate production. In addition, the antibiotics will aid in mechanically keeping the intercostal catheter open.

The intercostal catheter is removed when there is (a) cessation of purulent drainage, (b) normal temperature, and (c) roentgenographic evidence of a clear pleural space.

These are not new surgical principles in the treatment of empyema but should be instituted as the diagnosis is established!

Rib resection with open tube drainage is utilized where a chronic empyema pocket becomes

[9] MacKenzie, D. A., and McKim, J. S.: Treatment of staphylococcal empyema in children, Canad. M.A.J. 75:914-917 (Dec. 1) 1956. Hertzler, J. H., Miller, A. E., and Tuttle, W. M.: Present concepts in the treatment of empyema in children, A.M.A. Arch. of Surg. 68:838-847 (June) 1954.

[10] Bloomer, W. E., Giammona, S., Lindskog, G. E., and Cooke, R. E., Staphylococcal pneumonia and empyema in infancy, J. Thor. Surg. 30:265-271 (Sept.) 1955.

TABLE 1.—*Summary of 8 Reported Cases of Staphylococcal Empyema in Infants.*

CASE	AGE	DAYS HOSPITALIZED	CLINICAL MANIFESTATIONS ON ADMISSION	INITIAL WBC	SYSTEMIC ANTIBIOTICS	SURGICAL TREATMENT		
						Thoracentesis	*Closed Drainage*	*Rib Resection*
1	3 weeks	8—expired	Heavy breathing 1 day PTA,* T-100°, dullness left chest.	17,900	Aqueous Pcn., Chloromycetin	4 ×	----	----
2	1½ months	17	Draining ear 1 day PTA, rec'd. pcn. T-102°, dullness left base.	29,000	Aqueous Pcn., Terramycin, Chloromycetin, Sigmamycin, Erythromycin	3 ×	----	----
3	5 months	30	Cough, fever, nite PTA, T-105°, harsh BS left.	19,700	Aqueous Pcn., Chloromycetin, Novobiocin	4 ×	×	----
4	9 months	34	Ear infection 1 wk. Rec'd. Terramycin 1 day PTA. ? Pneumonia. Rec'd. Combiotic. T-103°, dullness right base.	34,450	Pcn., Streptomycin, Chloromycetin, Novobiocin, Erythromycin	2 ×	×	×
5	1 year	42	Fever 2 days. Rec'd. pcn. and sulfa. T-103°, dullness left chest.	21,000	Chloromycetin, Aureomycin, Erythromycin	4 ×	×	----
6	1½ years	48	Measles 1 wk. PTA. Rec'd. Terramycin. T-104°. Grunting dullness right base.	35,000	Novobiocin, Chloromycetin, Magnamycin, Erythromycin, Matromycin	5 ×	----	×
7	1½ years	26	Cold 1 wk. Fever 2 days PTA. Rec'd. Terramycin. T-102°. ? Dullness right chest.	22,700	Aqueous Pcn., Chloromycetin, Novobiocin, Erythromycin	2 ×	----	----
8	2 years	17	Measles 6 days PTA. Fever recorded 1 day PTA. Treat: Ilotycin, sulfa. T-104°, diminished BS left chest.	29,400	Chloromycetin, Erythromycin, Novobiocin	1 ×	----	----

* Prior to admission.

established and shows no further improvement on tube suction. These pleural pockets will fill in and, if large enough, will be an indication for decortication[11] at a later date. These patients show a tremendous ability to resolve a thick pleural density with restoration of a normal x-ray and fluoroscopy, thus rarely requiring corrective surgery.

Review of Children's Hospital Cases

Between November 1956, and August 1957, eight cases of empyema in which hemolytic Staphlococcus aureus was isolated from the pleural fluid were admitted to Kauikeolani Children's Hospital. Seven other cases displayed typical clinical and x-ray pictures of staph. empyema but were not included in this review, since pleural fluid cultures were either not taken, or taken after systemic antibiotics were begun.

The age of the patients varied from three weeks to two years, with the average age approximately 11 months. An equal number of males and females were affected.

The greater number of patients presented with a previous history of infection such as measles or upper respiratory infections, with penicillin and broad-spectrum antibiotics having been given. A few days later there was usually a sudden spike in fever with dyspnea and a toxic-looking infant. The two youngest patients developed acute symptoms the night prior to admission with what appeared to be overwhelming toxicity from a severe infection. Cyanosis, dyspnea, and shock was the admitting picture of the three-weeks-old patient.

The physical examination of all the patients on admission revealed severely ill patients with grunting respirations, poor color, and a fever usually above 102°. Chest findings were those of a consolidating process involving one or more lobes of the lungs, with dullness and diminished breath sounds. Paralytic ileus was a common finding following hospitalization. Leucocytosis

[11] Klassen, K. P.: Pulmonary decortication for fibrino-fibrothorax & empyema in children, Surgery 27:235-244 (Feb.) 1950.

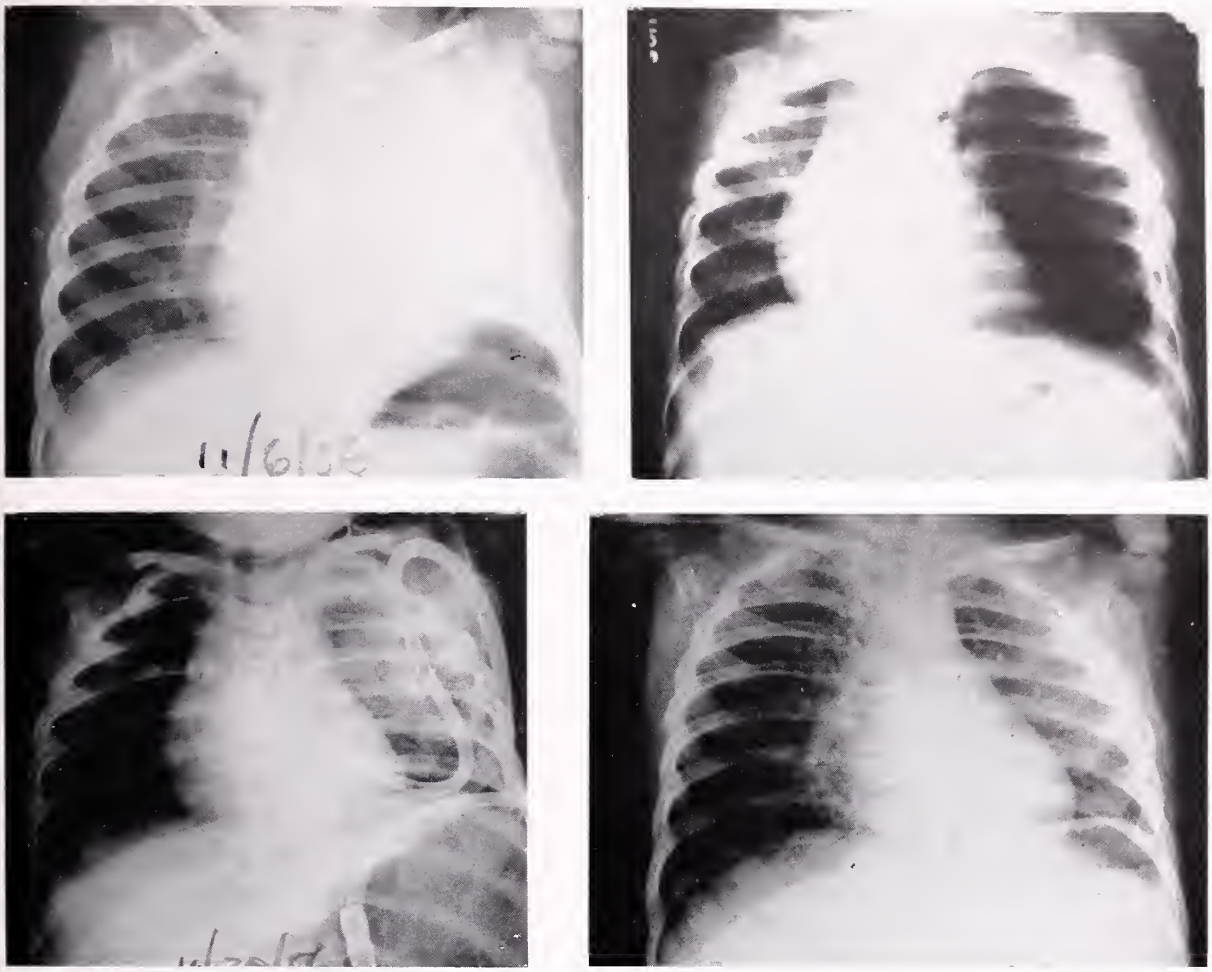


FIG. 1.—(Case No. 5) *Upper left:* left pleural effusion, November 6, 1956. *Upper right:* acute pyopneumothorax, left, with mediastinal shift, November 19, 1956. *Lower left:* Intercostal tube drainage, November 20, 1956. *Lower right:* resolution and clearing on follow-up film, December 1, 1956.

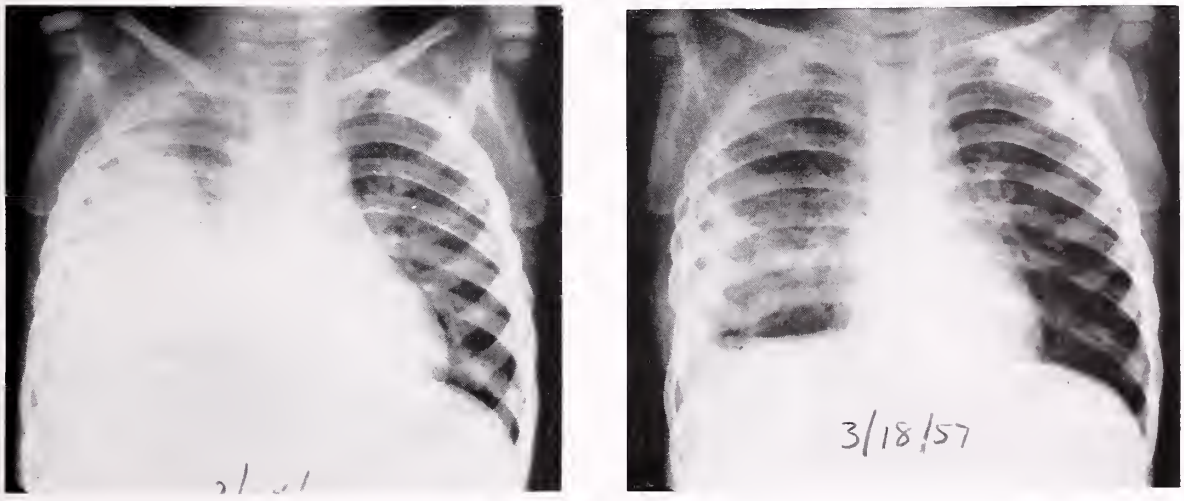


FIG. 2.—(Case No. 6) *Left:* Encapsulated abscess, right, February 24, 1957. *Right:* Open rib resection with evacuation of abscess, March 18, 1957.

varied from 17,900 to 35,000, with the majority about 20,000 on admission, and a "shift to the left" in all cases.

Hemolytic staphylococcus was isolated by pleural tap in all eight cases. Throat cultures were nonspecific in four out of the five patients cultured on admission. Three out of the five blood cultures taken failed to show any growth of staph. aureus.

Medical treatment consisted of massive systemic antibiotics in all cases initially. In four out of the eight cases pleural tap was done on admission with the resulting organism and sensitivity identified within 48 hours. Erythromycin, Chloromycetin, novobiocin and large doses of aqueous penicillin were the usual drugs used. Combinations of the four drugs were generally selected. Oxygen, humidity, intravenous fluids were administered upon admission. Gastric decompression was necessary in the youngest infant to combat the paralytic ileus. Other general supportive measures included blood transfusion, antipyretic therapy, and positioning the patient on the involved side.

Surgical treatment involved needle aspirations, closed drainage, and open rib resection with drainage.

Needle aspirations of the lung were done from one to five times. The amount of fluid removed ranged from a few cc to 70 cc. Closed drainage was performed on three cases. The time sequence of inserting the catheter with a water-sealed drainage varied from six days following admission to sixteen days. In each case three to four needle aspirations were done prior to the closed drainage. The tubes were removed after about five days.

Two cases required open rib resection and drainage. This occurred 25 to 26 days following admission; in one case after five needle aspirations, and in the other after three needle aspirations and closed drainage.

There was one fatality in the series of eight cases, the three-week-old infant with an acute fulminating course. The other seven cases resulted in complete recovery, although complications such as bronchopleural fistula with pyopneumothorax and encapsulated pulmonary abscess occurred. Hospitalization of the seven cases varied from 17 days to 48 days with the average duration of stay being approximately 30 days.

Discussion

Staphylococcus empyema in childhood has become an important problem in treatment and management. Early recognition of this often rapidly fatal infection in infants is stressed. Despite a relative decrease in mortality from staph. empyema, the emergence of resistant strains has created a new problem. We must guard against the indiscriminate use of topical and systemic antibiotics, especially in a hospital atmosphere.

The high incidence of staph. pneumonia in infants should alert us to vigorous attempts in obtaining cultures and initiating adequate therapy. Early diagnostic pleural taps and intercostal drainage are recomended. An attempt should be made to follow the important principles in the treatment of empyema, with early control of infection, evacuation of the pleural space, and re-expansion of the lung.

Frequent x-ray films of the chest offer an excellent guide to therapy. The importance and dangers of pyopneumothorax must be appreciated, and one must be aware of the frequent complication of a bronchopleural fistula. Frequent chest films and fluoroscopy may give the first suggestion of an impending complication in an otherwise unchanging clinical picture.

In our series of eight cases we have had only one death, and in this case intercostal tube drainage was not utilized; however, our morbidity has been prolonged. Two of the eight cases resulted in rib resection for open drainage, with a rapid resolution of the empyema pocket and normal appearing x-ray. Chloramphenicol, erythromycin, and novobiocin are probably the most effective antibiotics at the present time in staphylococcal infections.

It is hoped that perhaps in future cases early intercostal drainage with continuous suction will be initiated, and the use of local antibiotics and perhaps streptokinase and streptodornase solution utilized via the drainage tube. With a combined medical and surgical approach, we may hope to have a low mortality and morbidity.

Summary

The clinical and roentgenographic picture of staphylococcic pneumonia is correlated with the pathological pattern of consolidation, suppuration, and abscess formation. Early diagnostic studies, with isolation of organism, are stressed. A combined medical and surgical approach to treatment is emphasized.

A review of eight cases of staphylococcic empyema between November, 1956, and August, 1957, at Kauikeolani Children's Hospital is presented.

Summario in Interlingua

Empyema staphylococcic es commun e grave in infantes. Le prompte establimento del diagnose, le prompte administration de un efficace antibiotico e le prompte evacuation del spatio pleural per drainage a tubo intercostal es punctos de importantia pro le efficacia del tractamento. Chloramphenicol, erythromycina, e novobiocina es le plus efficace antibioticos al tempore presente. Un serie de octo casos, con un morte, es reportate.

Aminophylline by rectum, as well as by vein, is a potentially dangerous drug in children. Three cases of aminophylline poisoning seen in the past six months are reported.

Aminophylline Toxicity in Children

SORRELL H. WAXMAN, M.D.,* Honolulu

OWING to the considerable incidence of asthma in Hawaii,[1] aminophylline is widely used. An appreciation of its toxicity is important. Deaths in adults have followed its intravenous administration.[2] Some observers feel that slow administration of aminophylline will minimize this complication. In children, although aminophylline is usually given either orally or rectally, toxic reactions, including fatalities, may ensue. Soifer's review[3] enumerates 37 cases of aminophylline toxicity in children, with 11 deaths. In all probability, there are additional unrecognized cases.



DR. WAXMAN

Three instances of aminophylline toxicity seen at this hospital in the last six months will be reported.

Case Reports

CASE 1.—*Therapeutic Use of Aminophylline*

This seven-month-old Caucasian boy was admitted following one day of cough, running nose, and marked wheezing. The patient had first been to the Emergency Hospital, where epinephrine was injected without beneficial response. He was then admitted to Kauikeolani Children's Hospital, where he had spent four days about three weeks earlier for asthmatic bronchitis and bronchopneumonia. He had received tetracycline (Achromycin) and a 125-milligram aminophylline suppository without any undue toxic effect.

Physical examination revealed a well-nourished and well-developed infant with audible wheezing, coughing, and slight costal retraction. Temperature was 99.2° F., pulse 120/minute and respiratory rate 30/minute. Expiratory rhonchi and rales were heard in both lungs. The white blood count was 10,350 with 62% polymorphonuclear leukocytes and 38% lymphocytes.

The patient was started on penicillin G and streptomycin intramuscularly and given 0.13 cc of 1:1000 aqueous epinephrine every 20 minutes for three doses. A cough syrup containing a bland expectorant was given The patient seemed to improve satisfactorily but as expiratory rhonchi continued to be heard, he was started on Tedral† suspension, 2.0 cc every six hours as necessary for wheezing. A 125-milligram aminophylline suppository was also given. Patient continued wheezing, and twenty-four hours after admission ephedrine sulfate syrup 4.0 cc every four hours was started. An aminophylline suppository of 250 milligrams was given at this time. In eight hours a second 250-milligram aminophylline suppository was given because once again the patient had audible wheezing.

Six hours after the last aminophylline suppository the patient had become extremely irritable and fussy, and had vomited twice. Temperature had risen to 102° F. A lumbar puncture was done, the results being within normal limits. Aminophylline toxicity was suspected, and all medications were discontinued. Intravenous fluids were started, and the patient was sedated. Within six hours, he was resting comfortably. Two days later he was discharged. No obvious residual effects of the aminophylline toxicity have been seen.

Total aminophylline dosage including Tedral over a 24-hour period was 753 milligrams. Dosage/kilogram/eight hour period was 24 milligrams.

CASE 2.—*Therapeutic Use of Aminophylline*

This seven-month-old Portuguese-Hawaiian boy was admitted following one week of coughing and four days of wheezing. The onset had followed a week of diarrhea and vomiting.

[1] Clinical impression & personal communications. To the author's knowledge, no statistical study on the incidence of asthma in the Hawaiian Islands has been done. This would probably prove very interesting.

[2] Merrill, G. A.: Aminophylline deaths, J.A.M.A. 123:1115 (Dec. 25) 1943.
Bresnick, E., Woodward, W. K., and Sageman, C. B.: Fatal reactions to the intravenous administration of aminophylline, J.A.M.A. 136:397 (Feb. 7) 1948.
Queen's Hospital Autopsy Reports, 1955-1956.

[3] Soifer, H.: Aminophylline toxicity, J. Pediat. 50:657 (June) 1957.

* Resident, Kauikeolani Children's Hospital.

† 5.0 cc Tedral suspension contains Theophylline, 65 mg; Ephedrine, HCl, 12 mg; and Phenobarbital, 4 mg.

Physical examination revealed a well-developed, well-nourished infant with a temperature of 103° F., pulse 100/minute and a respiratory rate of 26/minute. There were grunting respirations, but no actual wheezing. The chest was hyperresonant, with the expiratory phase prolonged. No actual rhonchi or rales were heard. White blood count showed 12,500 cells with 47 polymorphonuclear leukocytes and 49 lymphocytes. A lumbar puncture, done because of a suggestion of meningeal irritation, revealed only nine cells.

The patient was started on tetracycline (Achromycin), and given 0.13 cc of 1:1000 aqueous adrenalin. This was repeated in 20 minutes. A 125-milligram aminophylline suppository was also given.

Within two hours patient had become restless and in four hours, restlessness and coughing seemed maximum. The patient was regurgitating and his temperature, which had initially fallen to 101° F., rose to 104° F. All medication was discontinued, sedation given, and fluids started. Within six hours, he had become less irritable and was taking fluids by mouth, and the fever was decreasing. Patient continued to improve, and was discharged four days after admission.

Total aminophylline dosage (one dose only) was 125 milligrams. Dosage/kilogram was 16.6 milligrams.

CASE 3.—*Accidental Ingestion of Aminophylline*

This 16-month-old Caucasian boy was admitted following eight to ten hours of vomiting. He had ingested an unknown quantity of enteric coated aminophylline tablets. Within four hours after the suspected time of ingestion the patient began to vomit, and became extremely restless. The vomitus was coffee-colored and became blood tinged. The vomiting persisted and the patient was admitted.

Physical examination revealed a well-developed and slightly dehydrated child who was restless and extremely alert. Temperature was 99° F., pulse 120/minute, and respiratory rate 36/minute. There was a small fresh acid burn about the mouth. Complete blood count was not done on admission but the urinalysis revealed a 4 plus albumin.

The patient was sedated and given parenteral fluids but continued to vomit sporadically, the vomitus becoming bile-stained. His temperature rose to 101° F., and he began having jerky motions of his extremities, culminating in a generalized convulsion which was difficult to treat. Treatment consisted of intravenous fluids, anticonvulsive measures, and antipyretic measures. Approximately 24 hours after the suspected time of ingestion, the patient seemed to have recovered from the toxic effects of the aminophylline. He had ceased to vomit and was resting quietly. However, he had developed a metabolic acidosis and an aspiration pneumonia. The former was treated with the appropriate intravenous fluids and the latter with antibiotics. The patient had an uneventful recovery and was discharged six days after admission. No residual effects have been noted.

Total aminophylline dosage is unknown but was probably very high.

Pharmacology and Toxicology[4]

Aminophylline is a derivative of theophylline, theophylline ethylenediamine, one of the xanthine derivatives. The three main xanthine alkaloids, caffeine, theobromine, and theophylline, are closely related chemically and have essentially the same pharmacological actions, differing only in the degree of effect on different organs.

These pharmacological effects are as follows:

Central Nervous System

These drugs stimulate the central nervous system, acting mostly on the cortex, although with large doses the medulla is also stimulated.

Cardiovascular System

The myocardium is directly stimulated. There may also be vagal stimulation and if so, the final effect on the heart is the summation of these two stimulations. Cardiac output is usually increased. Blood pressure effect depends also on a summation of stimulations. The xanthines constrict blood vessels by stimulating the central nervous system but dilate blood vessels by direct action on the vascular musculature. Coronary vessels are relaxed.

Muscular System

Smooth muscle is relaxed. This occurs in the vessels, bronchi, and biliary tree. There is no significant effect on the gastrointestinal tract with therapeutic doses. The effect on voluntary muscle is believed to be due to central nervous system stimulation.

Diuretic Action

The xanthines increase the flow of urine.

The xanthines are readily absorbed, and high blood levels are reached quickly. Only a small proportion is excreted in the urine unchanged, the majority being broken down in the body to urea. The rate of breakdown is unknown, but may be extremely slow.

The toxic effects are as follows:

(1) Central nervous system manifestations ranging from headache and irritability to convulsions and coma.

(2) Gastrointestinal manifestations of nausea, vomiting, and hematemesis. The latter may be due to gastric or intestinal hemorrhages.

(3) Respiratory manifestations with respiratory failure, due to spasm of the diaphragm or direct toxic effect on the respiratory center, the terminal effect.

(4) Kidney manifestations in which the diuretic effect is prominent and albuminuria may occur.

(5) Circulatory manifestations consisting of tachycardia and extrasystoles.

Children are more sensitive to the xanthine derivatives: toxic reactions occur in them at lower dosages, and are usually more severe, than in adults.

Clinical Manifestations of Aminophylline Toxicity

Restlessness

This is the cardinal symptom. It is the most

[4] Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics, ed. 2, New York, The MacMillan Company, 1955.

constant and earliest symptom of toxicity. It is out of proportion to the degree of asthma present.

Vomiting

This is another fairly constant symptom and usually develops shortly after the restlessness. It may become intractable, and the vomitus coffee-ground. Frank hematemesis may occur.

Convulsions

These occur in over 50 per cent of the cases and may be resistant to anticonvulsive therapy.

Fever

An increase in fever occurs in the majority of cases. This, in spite of appropriate antibiotics and antipyretic measures, is a good indication of toxicity. In some instances, there may be no fever, but this is rare. Antipyretic measures should be used promptly, since oxygen utilization rises rapidly with increased temperature.

Albuminuria

This is an inconstant finding.

Don't Exceed Maximum Dose

The symptoms of aminophylline toxicity are similar in many cases to those found in severe asthma. Good clinical judgment must be used to determine whether it is the asthma or the aminophylline causing the symptoms. Increasing the dosage of aminophylline, or even continuing it could prove fatal. A dosage of aminophylline should be adopted, and not exceeded.

White and Daeschner[5] suggest the following dosage schedule in children:

Rectally—7.0 milligrams per kilogram
Intravenously or intramuscularly—3.5 milligrams per kilogram
Orally—5.0 milligrams per kilogram

Soifer suggests that the rectal dose should not exceed 5.0 milligrams per kilogram every eight hours.

Gardner,[6] like Soifer, believes that ephedrine sulfate potentiates the effect of aminophylline, causing toxicity effects at a much lower blood level. They feel that these two drugs should never be used simultaneously.

Cases 1 and 2 had dosages much higher than that recommended. Case 1 had ephedrine sulfate as well. The fact that symptoms of intoxication did not occur until twenty-four hours after aminophylline had been started, and six hours after the final dose had been given, illustrates the slow excretion rate and the cumulative effect of aminophylline. Case 2's single dose of aminophylline, though higher than the suggested dose, was one-half the so-called infant suppository. The toxicity may have been due to hypersensitivity to the drug or more probably, to a rapid absorption of the aminophylline from the rectum, giving a high blood level. It is of interest that the vast majority of toxicity cases reported have had aminophylline given by the rectal route. Thus, rectal aminophylline should rank with intravenous aminophylline as a relatively dangerous drug and route.

Although rarely reported,[6] aminophylline poisoning can occur through accidental ingestion of aminophylline. Case 3 is an example of such an occurrence. This case exhibited the cardinal manifestation of aminophylline toxicity. It is fortunate that it did not terminate fatally.

Treatment of Aminophylline Poisoning

There is no known antidote for aminophylline, making it a doubly dangerous drug. Treatment is purely symptomatic.

(1) Discontinuance of the aminophylline and the ephedrine sulfate.
(2) Antipyretic measures.
(3) Anticonvulsive measures.
(4) Sedation. This rarely helps decrease the irritability.
(5) Treatment of shock if present.
(6) Correction of dehydration and electrolyte imbalance.

These measures, if started early enough, and especially if the aminophylline is discontinued, will prevent fatalities.

Summary

Aminophylline is a dangerous drug, especially if given by vein or rectum, in the treatment of asthma in children. Two cases of iatrogenic aminophylline intoxication and one case of accidental ingestion of aminophylline with resulting intoxication are presented. The recommended maximum dose of aminophylline suppositories is 5.0 milligrams per kilogram per eight-hour period.

Summario in Interlingua

Aminophyllina es un droga potentialmente periculose quando administrate per via rectal, tanto ben como quando administrate per via intravenose, a patientes pediatric. Es reportate in detalio tres casos de invenenamento per aminophyllina, duo causate per administrationes rectal del droga e un per su ingestion accidental. Le dose de aminophyllina in administrationes per suppositorio rectal non debe exceder 5 mg per kg de peso corporee per octo horas.

[5] White, B. H., and Daeschner, C. W.: Aminophylline (theophylline ethylenediamine) poisoning in children, J. Pediat. 49:262 (Sept.) 1956.

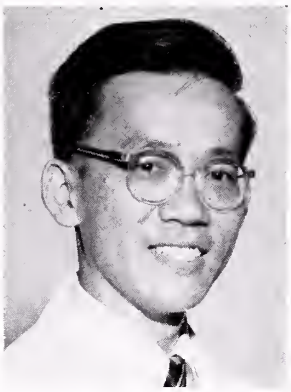
[6] Gardner, R. A., Hansen, A. E., Ewing, P. L., and Emerson, G. A.: Unexpected fatality in a child from accidental consumption of antiasthmatic preparations containing ephedrine, theophylline and phenobarbital, Texas M. J. 46:516 (July) 1950.

Accidental poisoning, a world-wide problem, receives organized, systematic attention in Honolulu.

Poison Control Center At Kauikeolani Children's Hospital

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ACCIDENTAL and therapeutic poisoning have interested physicians since the dawn of medicine. With increasing numbers and availability of medicinal and commercial agents for home, field, and industrial use, the risks have mounted. Many tragedies are foreseeable and preventable, especially in the age group too young to know danger but active enough to move about freely. Physicians have a responsibility in giving anticipatory guidance to parents and in sharing with one another the knowledge necessary to deal with poisoning incidents.



DR. CHAR

When one realizes that over 1,400 cases of fatal home poisonings occur annually in the United States,[1] with more than one-third of these cases occurring in children under five years of age, one begins to appreciate the seriousness of this almost completely preventable problem.[2]

Poison Control Centers

Within the past several years, a new type of agency has arisen to cope with this problem. These Poison Control Centers are organized and generally operated on an individual basis, usually located at local children's hospital, university pediatric departments, or city health departments. Practically every major city in the United States has such a center now, since the establishment of the initial one in 1953 in Chicago.[3]

Such a center was started in March, 1957 at the Kauikeolani Children's Hospital. It is operated on a twenty-four hour basis, and anyone, whether physician or an anxious parent, is free to call for help. It is primarily designed as a focal point for the dissemination of information on poisons, although, like any other hospital set-up, it is equipped to handle actual cases of poisoning. Naturally, the actual management of cases of poisoning pertains only to children; however, information on any patient, regardless of age, is available.

There is always a pediatric resident on duty for these calls, and upon receiving the call, he extracts as much information as possible. If the toxicity of the product is already known, immediate advice is given. However, as will be illustrated later, the toxicity of the suspected product is often not known, so research into the literature and files is necessary. Further telephone calls to other agencies, such as the Board of Agriculture or the Territorial Bureau of Pure Foods & Drugs, is sometimes made. Most of the time, information is readily available, but not infrequently, especially with commercial products that are not classified as poisons, no information can be found. From the information thus gathered, the appropriate advice is relayed back to the caller.

A continuing file is being accumulated of all of the calls made to the Center. During the eight months in which the Center has been set up, over one hundred such calls have been registered. The results are extremely interesting, as revealed by Table 1.

The most interesting lesson, well illustrated by these results, is that everyday common household products are most frequently the suspected agents. Contrary to experiences based on hospital records and mortality statistics,[4] products not labelled as poisons are most frequently the cause for concern. No doubt, the recent publicity in well known lay journals[5] will further increase the apprehension concerning poisonings.

* Chief, Department of Education, Kauikeolani Children's Hospital.

[1] Press, E.: Accidental poisoning in childhood, prepared by the Committee on Accident Prevention of the American Academy of Pediatrics, 1956.

[2] Jacobziner, H., *et al.*: Accidental poisonings in childhood and their prevention, J. Pediat. 49:592 (Nov.) 1956.

[3] Mellins, R. B., *et al.*: The natural history of poisoning in childhood, Pediatrics 17:314 (Mar.) 1956.

[4] Bain, K.: Death due to accidental poisoning, J. Pediat. 44:616 (June) 1954.

TABLE 1.—*List of Suspected Products Responsible for Telephone Calls*

MEDICATIONS:

1. Aspirin
*2. Bactine
3. Boric Acid
4. Cafergot
5. Caladryl
6. Doriden
7. Floraquin
8. Gentian Violet
9. Mercurochrome
10. No Doz (caffeine)
11. Phenergan
12. Thyroid
13. Tyrozets
14. Vapex Inhalant
15. Worm Pills

OTHERS:

1. *Cleaning solutions, disinfectants:*
 a) Bleaching solutions
 b) Gasoline
 c) Lysol
 d) Oven cleaning solutions
 e) Pine oil preparations
 f) Renuzit
2. *Cosmetics, beauty aids, etc.:*
 a) Hair dyes
 b) Perfume
 c) Permanent wave solutions and neutralizers
 d) Deodorants
3. *Household items:*
 a) Fertilizers
 b) Furniture and floor polishing products
 c) Household cement
 **d) Ink
 *e) Lubricating oil
 f) Moth balls
4. *Insecticides, rodenticides:*
 a) Roach tablets
 b) Ant paste and pellets
 c) Rat poisons
5. *Plants:*
 a) Candle nut (kukui nut)
 b) Castor bean
 *c) Christmas berry
 *d) Hawaiian holly
 *e) Haole koa
 f) Plumeria
 *g) Sea heliotrope
6. *Miscellaneous:*
 *a) Baby powder
 b) Children's blowing bubbles
 c) Cobalt
 **d) Crayons
 e) Fabric softener solution
 f) Fluorescent light bulb, broken
 *g) Golf ball
 **h) Water colors

* Practically non-toxic.
** Toxicity dependent on composition.

It is a well established fact that most young children completely lack discriminatory powers and practically everything within their reach will eventually be put into their mouths. Therefore, these results should not surprise anyone.

Discussion

These experiences at the Poison Control Center remind us that there is much more to be done in the realm of accident prevention. They also specifically point out the need for a focal point where a listing of all household products, regardless of their labelling, is concentrated, and where it can be readily available at a moment's notice.

The recognition that there is a need for knowledge concerning the contents of all household products is not new. Dr. Rodman, in 1955, wrote of this difficulty.[6] He pursued it further and wrote to various manufacturers of household chemical products asking for specific information concerning the makeup of their products. Only 35 per cent of those contacted replied to his letters of inquiry.

Some centers are currently submitting samples of common household products to chemical laboratories for analysis of the contents. What would seem to be clearly indicated is adequate labelling of all household products with an exact listing of the chemical makeup of the product, regardless of its toxicity. Our laws under the Pure Food and Drug Act do not provide for such requirements currently. Some legislative action to correct this deficiency seems indicated.

Until the proper listing of the ingredients of the contained product on the labels becomes compulsory for all manufacturers, the problem of continued apprehension concerning all household products will be present. Here in Honolulu, we are farther isolated from the original manufacturing source, and information concerning possible toxicity of a product is oftentimes unobtainable. Through sheer good fortune, and possible overtreatment at times, no fatalities due to this cause have been experienced.

The need to compile and keep up to date a complete listing of all of the potentially harmful household products with their exact composition is clearly obvious. Such information should be readily accessible to anyone at a moment's notice.

The Poison Control Center at Kauikeolani Children's Hospital is such an attempt to provide an answer to this problem. Unfortunately, it does not have a complete listing, nor is such a complete listing available anywhere else in the Territory. At this moment, steps are being taken to correct this deficiency.†

Summary

Experience at the Poison Control Center at the Kauikeolani Children's Hospital is outlined. Further education in the field of accident prevention, especially in poisonings, is clearly indicated. The results also reveal a need for a more complete and up-to-date listing of all common household products and their exact composition.

Summario in Interlingua

Un Centro pro le Controlo de Veneno esseva establite al Hospital Pediatric Kauikeolani de Honolulu pro le tractamento de invenenamento in juveniles e pro le dissemination de information relative a omne genere de invenenamento a quicunque inquire.

[5] Roueche, B.: The most delicate thing in the world, The New Yorker, 144 (May 14) 1957.
Berger, M.: Help for the poisoned child, Saturday Evening Post, 24 (Nov. 16) 1957.
[6] Rodman, M. J.: A survey of potentially harmful household products, J. Pediat. 46:171 (Feb.) 1955.

† A Poison Control Committee in the Territorial Department of Health was formed and had its first meeting on October 24, 1957. At this meeting, it was decided that a master file of all poisons be kept, especially with locally produced hazardous products in mind.

Atypical pneumonia in association with active rheumatic disease is rheumatic pneumonitis

Rheumatic Pneumonitis

JOHN A. HARBINSON, M.D.,* Honolulu

THAT PULMONARY involvement may occur in rheumatic fever has been known to clinicians and pathologists for some time. When the degree of involvement is sufficient to be clearly detectable, and classical signs of acute rheumatic fever are present, the term rheumatic pneumonitis becomes applicable.



DR. HARBINSON

A case is reported which presents the concomitant occurrence of pneumonitis and other active rheumatic lesions, notably carditis.

Case Report

A 12-year-old Japanese boy, with known rheumatic heart disease since 1954, was readmitted to Children's Hospital on September 4, 1957, (Fig. 1) with the chief complaint of pallor and weight loss for two weeks, and migratory arthralgia just prior to admission.

Prophylactic penicillin had been maintained since discharge in 1954, up until June, 1957, when Bi-cillin, 1.2 million units was given; at this time, he left the island for summer vacation and no further penicillin was given.

Physical examination revealed a pale boy whose temperature was 100.4° F., pulse 96, respirations 20. A generalized eruption of erythematous macules with serpiginous raised borders was present; the oro-pharynx was injected, and there was hypertrophy of the posterior lymphoid tissue.

The point of maximal impulse of the heart was outside the nipple line in the fifth intercostal space, and there were no palpable thrills. The first heart sound was soft, and the electrocardiograph showed a prolonged P-R interval. The pulmonic second sound was louder than the aortic, and rhythm was regular. Murmurs of mitral and aortic insufficiency, and mitral stenosis, were present. The blood pressure was 100/40.

The day following admission, he complained of left earache; there was injection of the external canal and the drum margin. At 10:00 that evening, he developed a dry, hacking cough and fever 103.4° F. Examination revealed petechiae of the soft palate, and fine moist inspiratory rales throughout the right lung field. Admission blood culture and C-reactive protein were negative; throat culture grew alpha streptococci.

On the following day, he became dyspneic; rales persisted throughout the right lung field, and the heart sounds had become "mushy" in quality.

Chest x-rays taken 9/7/57 and 9/9/57 (Figs. 2 and 3) were interpreted as rheumatic pneumonitis by the radiologist in view of the history and clinical course of the patient. Radiologically, the picture of rheumatic pneumonitis is one of fine stippling and mottling—probably the result of focal necrosis.

Therapy consisted of ASA, gr. ss/lb./24 hrs. between 9/4/57 and 9/13/57, chloromycetin, 250 mgm. q.i.d. between 9/7/57 and 9/15/57, and hydrocortisone was begun 9/11/57, 100 bgm. t.i.d. and was tapered off with ACTH by 10/18/57.

A repeat chest x-ray, 9/16/57 (Fig. 4), revealed marked clearing of the infiltrates in the right lung field. Serum muco-proteins, the most reliable test of rheumatic fever activity at present, were 4.26 mgm. %, 9/26/57—normal level is 3 to 4.

X-ray evidence of the pneumonitis persisted at least 10 days. It is felt that steroid therapy resulted in the dramatic resolution of the pneumonitis and the rapid alleviation of symptoms.

* Resident, Kauikeolani Children's Hospital.

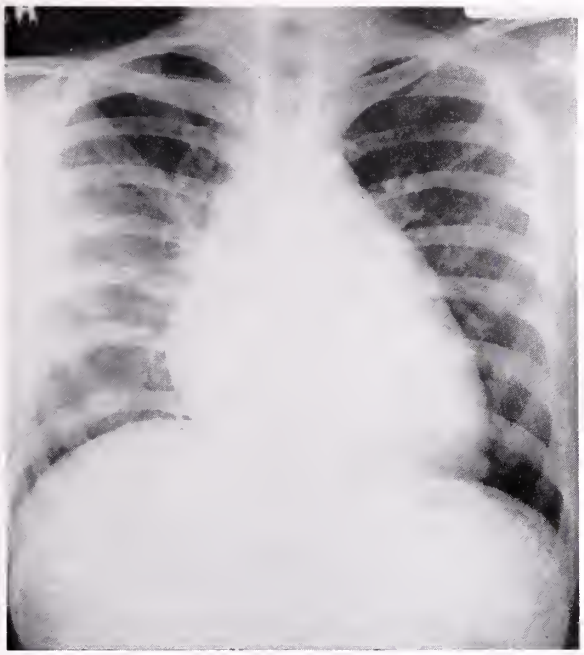


FIG. 1.—Admission P-A chest film showing clear lung fields and cardiomegaly with rounding out of left heart border in area of pulmonary conus.

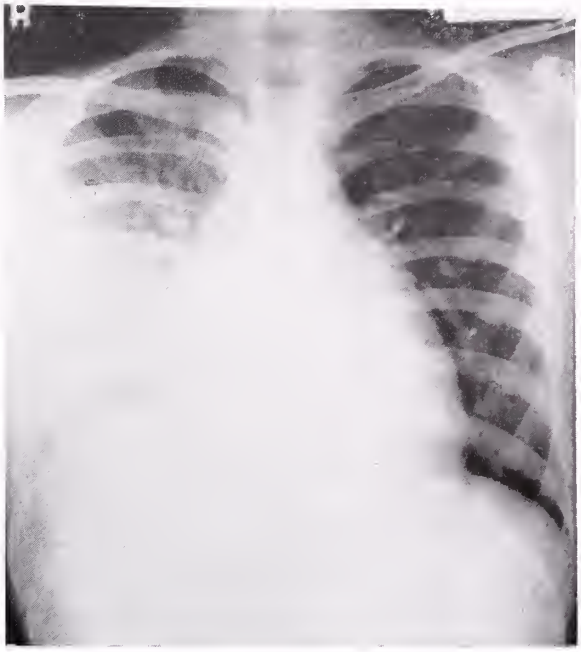


FIG. 2.—Chest film (9/7/57) showing fine stippling and mottling throughout most of the right lung field.

SEPTEMBER	MAX. TEMP.	WBC	SED. RATE	CHEST X-RAY	ANTISTREPTOLYSIN O TITRE	THERAPY ASA	*Cortisone*	*Chloromycetin*
4	102.2	7,400	35			(gr. ss/lb.		
					166	/24 h.)		
7	N			++				250 mgm. q.i.d.
10	N	8,200	30	+++	333			
11							100 mgm. t.i.d.	
13						Discontinued		
15								Discontinued
17	N	14,500	15	+				
24	N	16,700	2					

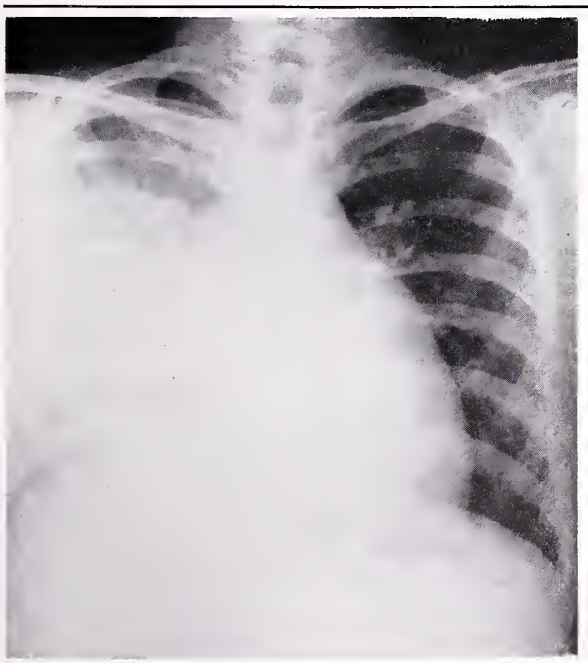


FIG. 3.—Chest film (9/9/57) showing extension of the same type of infiltrate in the right lung field.

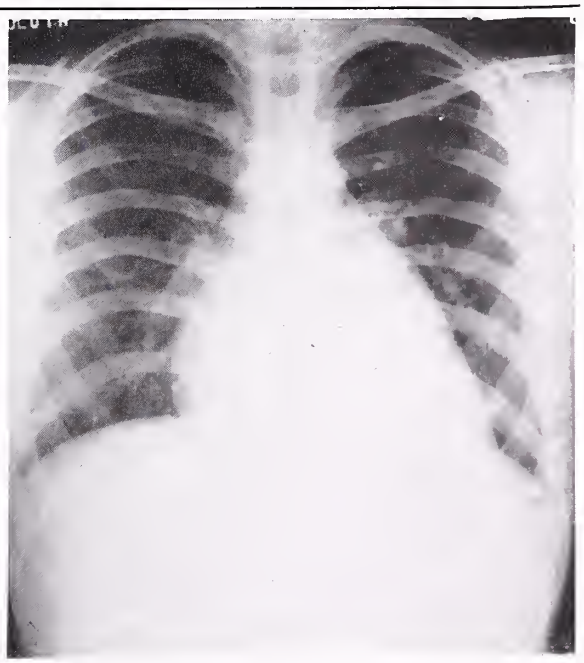


FIG. 4.—Chest film (9/16/57) showing marked resolution of the infiltrates throughout the right lung field.

Pathology

Microscopically, the picture[1] consists of:

(1) Fibrinous exudative plugs in the alveolar ducts.

(2) Fibrinous necrosis in the alveolar wall.

(3) Arteriolitis, similar to that seen in periarteritis nodosa.

(4) Focal and diffuse inflammatory infiltrates.

(5) Granulomas (Masson bodies) situated mainly within alveolar ducts with frequent extension into alveoli —considered to be the equivalent of Aschoff bodies. It is believed their covering is derived from alveolar septal cells. Mossberger[2] believes Masson bodies are probably given specific shape by whatever mold, alveolar or ductal, they happen to be in.

Writers disagree regarding the specificity of the lesions. They have occurred in the absence of mitral stenosis; therefore, they are not necessarily due to secondary changes of passive hyperemia associated with mitral stenosis.[3]

Probably Anaphylactic

Mossberger[2] supports the theory that exudative rheumatic pneumonitis is the result of an antigen-antibody reaction injuring sensitized pulmonary alveolar endothelium—an anaphylactic angiitis.

Course: Mild or Fulminating

Rheumatic pneumonitis does not occur in the absence of active rheumatic myocardial disease.[4]

Clinically, there are two types of this disease entity: (1) Benign clinical course, with dry or wet pleurisy. (2) A course abrupt in onset and fulminating in character, in which the pulmonary symptoms develop insidiously, without evidence of upper respiratory infection or chills; dry, hacking cough and abrupt onset of profound respiratory distress, out of proportion to minimal clinical findings in the lungs.

This manifestation of rheumatic fever would appear to carry a grave prognostic significance.[5] The case reported falls into this category.

Therapy: Steroids

Salicylates and antibiotics are not of much value. Steroids produce dramatic improvement.[6] It is postulated that they may possibly block an antigen-antibody reaction.

Discussion and Conclusions

Pneumonitis may be one of the prominent manifestations of rheumatic fever activity; pneumonitis is a definite pathologic entity only when considered as one of the manifestations in the widespread angiitis occurring in rheumatic fever.

The diagnosis of pneumonitis of rheumatic origin is based entirely on the exclusion of the other types of pneumonia, and the concomitant development of other manifestations of acute rheumatic fever.[7]

Summary

A case of rheumatic pneumonitis is presented in association with other manifestations of active rheumatic disease: carditis, erythema marginatum, and flitting arthritis.

Its insidious onset, grave prognosis and remarkable response to steroid therapy are raised.

The pathology and possible etiology of rheumatic pneumonitis are presented.

Summario in Interlingua

Pneumonia rheumatic es un diagnose de presumption basate super le discoperta de pneumonia in un patiente con le manifestationes usual de febre rheumatic e de carditis rheumatic. Le condition responde promptemente a therapia steroide.

Acknowledgment

The author wishes to thank Dr. R. Ohtani for permission to present this case.

[1] Neuberger, K. T., Geener, E. F., and Rutledge, E. K.: Rheumatic pneumonia, Arch. Path. 37:1 (Jan.) 1944.

[2] Mossberger, J. T.: Rheumatic pneumonia, J. Ped. 30:113 (Feb.) 1947.

[3] Muirhead, E. E., and Haley, A. E.: Rheumatic pneumonitis, Arch. Int. Med. 80:328 (Sept.) 1947.

[4] Smith, J. C.: Clinicopathologic Conference, Am. J. Clin. Path. 20:783 (Aug.) 1950.

[5] Seldin, D. W., Kaplan, H. S., and Bunting, H.: Rheumatic pneumonia, Ann. Int. Med. 26:496 (Apr.) 1947.

[6] Koszalka, M. F.: Rheumatic pneumonitis treated with cortisone, Journal-Lancet 72:210 (Apr.) 1952.

[7] Griffith, G. C., Phillips, A. W., and Asher, C.: Pneumonitis occurring in rheumatic fever, Am. J. Med. Sci. 212:22 (July) 1946.

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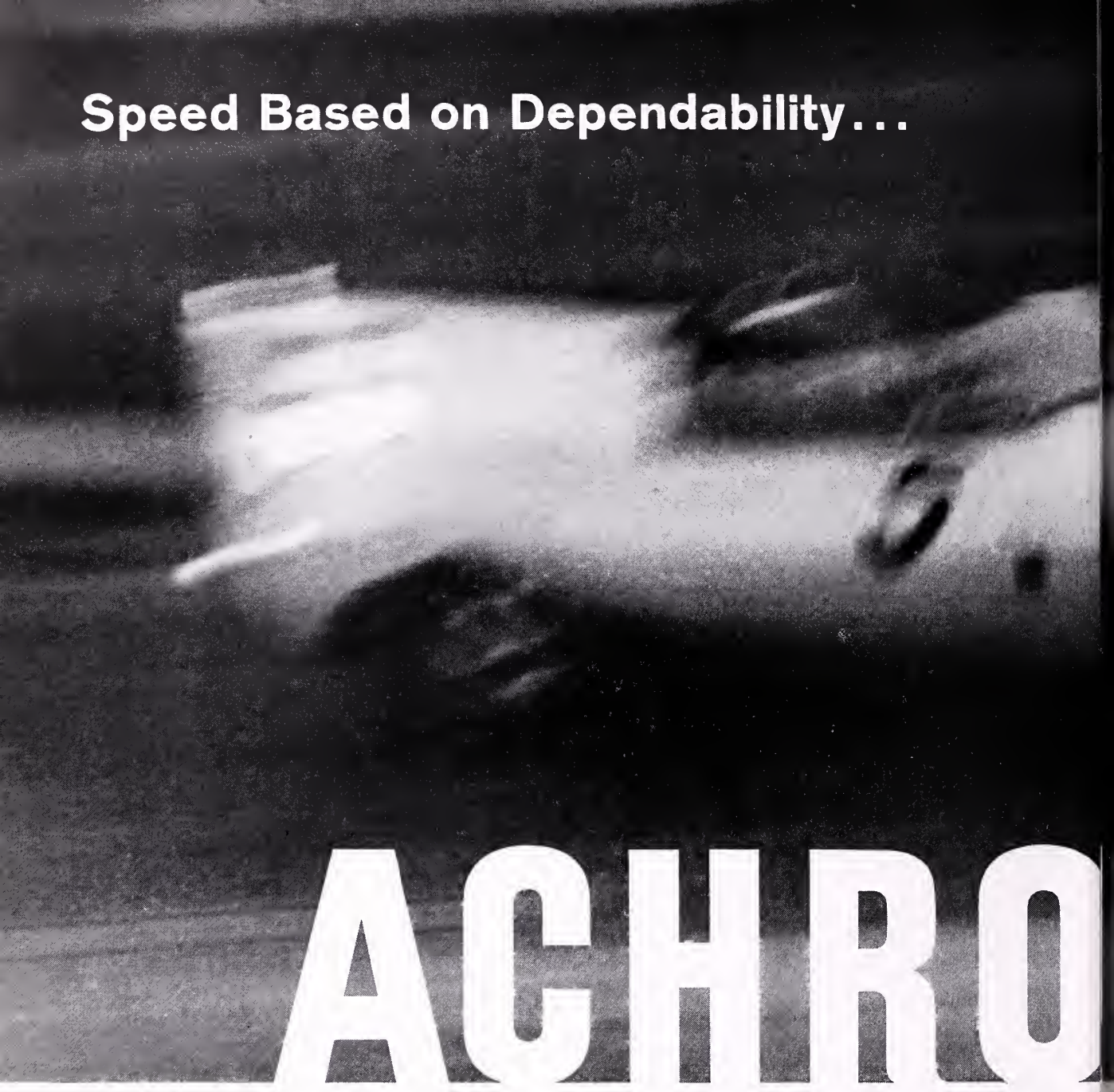


On Char & Sons

Kauikeolani Children's Hospital

The vigorous postgraduate educational program started in 1956 by Dr. Irvine McQuarrie at Kauikeolani Children's Hospital is described in detail in a guest editorial elsewhere in this issue of the JOURNAL by Dr. Alex Steigman, Professor and Chairman of the Department of Pediatrics at the University of Louisville Medical School, and first of a series of Visiting Professors who will conduct the program of residency training here. The current medical staff, shown above, are Drs. Steigman (left), Donald Char, Sorrell Waxman, Ross Hagino, John Harbinson, and Calvin Sia. The nurse is Miss Ann Waite, R.N., and the patient is Stanley Penela, a Filipino boy.

Founded in 1908, and named after a famed and beloved Kauai matriarch, Emma Kauikeolani (Mrs. A. S.) Wilcox, the hospital began operations in 1909, almost half a century ago. The handsome new building it now occupies was built in 1950. The administrator is Mr. John Rhys, who succeeded Mr. Jack Moriarty in 1957. Chief of Staff is Dr. Harold M. Sexton.



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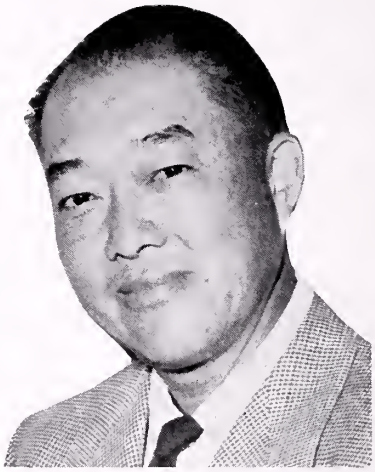
CAPSULES: (blue-yellow) 250 mg. tetracycline HCl (buffered with citric acid, 250 mg.); 100 mg. tetracycline HCl (buffered with citric acid, 100 mg.). **ACHROMYCIN V DOSAGE.** Recommended basic oral dosage is 6-7 mg. per lb. body weight per day. In acute, severe infections often encountered in infants and children, the dose should be 12 mg. per lb. body weight per day. Dosage in the average adult should be 1 Gm. divided into four 250 mg. doses.

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The President's Page



B. Chang

SAMUEL L. YEE, M.D.

There are two matters which I would like to discuss in these few paragraphs.

The foremost of these is that of Civil Defense and Emergency Medical Service. It is imperative that each one of us recognizes his responsibility in time of disaster—be it a hurricane, an explosion, or an H-bomb detonation. The medical profession will be in the front line amidst the injured, the panicky mob, and probably those exposed to radiation. As of the present, do we know what to do should such a catastrophe suddenly take place? A job will have to be done and it will be up to us to do it.

Dr. Isaac Kawasaki and his committee have been working continuously with the Board of Health and their civil defense agencies to formulate operational plans for disaster. Problems of hospital assignments, transportation, communications, etc. are being fully discussed. Information will be released to the doctors. In the meantime, however, it is also our duty to find out what we are supposed to know and what we are supposed to do.

The second matter is an announcement that the business of the coming annual meeting will be conducted on a different basis. According to committee chairman Dr. Harry L. Arnold, Jr., it will be patterned along the lines of the AMA House of Delegates. Four reference committees will be set up and each delegate will be assigned to at least one reference committee. Reports and resolutions will be appropriately referred to a particular reference committee, the members of which will study the contents, hold hearings, and recommend approval, disapproval, or changes. It is hoped that this procedure will expedite the business of the House of Delegates and eliminate unnecessary debate. Therefore, it is strongly urged that each delegate and each alternate delegate carefully scrutinize the annual reports, which will be circulated well in advance.

Samuel L. Yee, M.D.

This is What's New!

Sir Ronald Fischer, Professor of Genetics, Cambridge University, told his American colleagues at an A.A.A.S. meeting in Indianapolis that the **evidence linking smoking with lung cancer is inconclusive.** He would like to see more research regarding genetic differences among smokers and nonsmokers.

* * *

Two New Yorkers helped to explain a condition occasionally seen here in Hawaii. Asymptomatic **enlargement of the parotid glands** has been noted here, chiefly among Filipinos. Most of the 50 New Yorkers with the big parotids were heavy drinkers and light eaters; many had cirrhosis. This occurs most commonly among the poor people of poor countries. The underlying cause appears to be disturbed nutrition, possibly **protein deficiency.** Patients who appear to have chronic mumps, then, should have detailed dietary histories, liver studies, and glucose tolerance test, the latter being frequently decreased. (*New Eng. J. Med.* [Dec. 26] 1957.)

* * *

The Abbott Laboratories advise discriminate use of their new antibiotic **Ristocetin** (spontin). Fortunately, this drug, which may be effective against certain streptococcal and staphylococcal infections, where all other antibiotics fail, has certain built-in controls. The antibiotic must be administered **intravenously** and causes **neutropenia** in 7.5 per cent of the cases studied thus far, and treatment with this substance (which is isolated from an actinomycete found in a bit of soil from the Garden of the Gods) costs **$30 to $85 a day.** (Abbott Brochure, 1958.)

* * *

In Berlin, **dull children were made sharper** by mashing up a portion of **calf brain** and injecting this by a wide cannula into the gluteal region. This diencephalic mash caused children suffering from mental deficiency, encephalopathy, and various other diseases characterized by mental retardation to become revitalized. The children were described as being more alert and better balanced. Their intelligence and memory were advanced by six months to a year. (*Arch. Pediat.* [Aug.] 1957.)

At the same meeting an Associate Professor of Basic Sciences indicated that **fluorine** was an **essential dietary element;** in addition to its effect on teeth, it is essential to other organs, and is found in **heart** and **kidney.**

* * *

Periodic paralysis associated with **hyperthyroidism** is a rare combination in the United States and Europe. In Japan, however, this combination is quite frequent, with some two per cent of hyperthyroid patients having reversible episodes of flaccid paralysis of the extremities. The frequency in males is quite high, eight per cent of male hyperthyroid patients having periodic paralysis. A family history of periodic paralysis is practically never found in this group. (*J. Clinical Endocrinol. & Metabolism* [Dec.] 1957.)

* * *

The hyperventilation syndrome is well known now by most clinicians. Much less well known is the **hypoventilation syndrome.** There are two main groups of patients exhibiting this syndrome: (1) those with mechanical restriction of the bellows; and (2) those with primary depression of the respiratory center by drugs or disease. The patient complains of fatigability, lightheadedness, difficulty in concentration, and spells of drowsiness. Treatment by high oxygen saturation results in reduction of ventilation, acidosis, confusion and stupor. One hundred per cent oxygen and narcotics are to be avoided or used with extreme caution. Mechanical respiratory aids, such as **rocking bed, intermittent positive pressure,** and even **tracheotomy,** may be indicated. (*Ann. Int. Med.* [Jan.] 1958.)

* * *

Leo Hollister, of Palo Alto, makes a good argument for **drug allergy** as the cause of **chlorpromazine jaundice.** Most all of the patients developing jaundice did so after the first week and before the fifth week of chlorpromazine therapy. This, of course, suggested that the sensitization occurred during the first week. Giving a challenge dose of the drug after the jaundice had subsided resulted in prompt recurrence of jaundice or abnormalities of liver function tests in the majority of patients, again pointing to allergy rather than simple drug toxicity. (*Am. J. Med.* [Dec.] 1957.)

FRED I. GILBERT, JR., M.D.

In Memoriam--Doctors of Hawaii--XIII

This is the thirteenth installment of In Memoriam—Doctors of Hawaii.

Arthur Gordon Hodgins

Arthur Gordon Hodgins was born on January 10, 1876 in Lucan, Ontario, Canada, the son of William A. and Annie (Webb) Hodgins.



DR. HODGINS

Dr. Hodgins was educated in Lucan High School and received his medical degree from Toronto University Medical College in 1896.

He began his medical practice in Oil Springs, Ontario, and came to Hawaii in 1899.

Dr. Hodgins and Miss Elinor Porter were married in Denver, Colorado, on November 3, 1911. Three sons were born to the couple, Arthur Gordon, Jr., William Porter, and James Stanley.

In 1927 Dr. Hodgins was appointed a member of the Territorial Board of Health.

Dr. Hodgins died on July 7, 1945 at the age of 69.

He was a member of the Hawaiian Territorial Medical Society (serving as its president in 1907), American College of Surgeons, University Club, Pacific Club, Polo Club, Oahu Country Club, and Past Potentate of the Aloha Temple of the Shrine (1912).

Hubert Wood

Hubert Wood was born August 4, 1866, at River Herbert, Cumberland County, Nova Scotia, the son of Alexander Blair and Margaret Jane (Fullerton) Wood. He was a descendant of Capt. Benjamin Wood, who came to New York from Halifax, England, in 1760.

His early education was received in the public schools of Nova Scotia and Truro Normal School (1885). He then entered Mount Alliston University in New Brunswick (1891), following which he attended Dalhousie University until 1894 when he matriculated to Jefferson Medical School in Philadelphia, which granted him his M.D. degree in 1896. Later there were special postgraduate courses in medicine and surgery at Polyclinic, Philadelphia, in 1906 and 1911 and at the New York Post Graduate School in 1921.

Dr. Wood practiced in River Herbert from 1896 to 1898.

On September 16, 1898, he married Annie Harvey of Nova Scotia.

It was in 1898 that the doctor came to Hawaii at the request of Dr. N. B. Emerson, who was then president of the Board of Health. Dr. Wood acted as government physician at Koloa, Kauai, and at Koolau. On February, 1899, he was appointed physician to the Waialua Agricultural Company and government physician for the Waialua district.

Dr. Wood spent 28 years in active practice at the Waialua Agricultural Company in addition to handling a large private practice. During that time a plantation hospital, with a staff of nurses and assistants, was under his charge. It was open to all plantation employees, his private patients, and others and was frequently used as an emergency hospital.

Dr. Wood was one of the first physicians on a sugar plantation to organize a system of camp inspection with sanitary regulations, independent of but in cooperation with the Board of Health. He also organized district nurses visits and baby clinics. He paid special attention to the instruction of mothers and the diet of their children. Owing to his unremitting care, the health record of Waialua Plantation was one of the best on the Islands.

Dr. Wood died May 13, 1927, in Honolulu within a few months of his 61st birthday.

He was a member of the Hawaiian Medical Society (president 1919), University Club, Masonic Lodge No. 409 and the Aloha Temple of the Shrine.

The following are excerpts from a tribute written by Alexander Hume Ford which was published in *The Honolulu Advertiser.*

> Dr. Wood spent more than a quarter of a century at Waialua. Perhaps no one has ever lived in that region who was more beloved. Certainly no one knew the traditions of the Hawaiians who lived there as did Dr. Wood. He knew the lives and family history of each and every one.
>
> It was not only the Hawaiians who loved him. The Japanese also trusted this man who brought their children into the world. Whenever a shrine was to be erected on the beach to some fisherman who had gone down, the assistance of Dr. Wood was first asked in getting the necessary site and permission.
>
> He knew and was loved by the older Portuguese people who would discuss with the doctor the old days when the Portuguese were the standby of the plantations, when every young man and boy and girl brought their earnings to the head of the family.
>
> He knew all of the old Chinese and the stories of their lives. More than any priest of the plantation he was the father confessor of those who believed and those who did not. He was the universal father of Waialua and even the newcomers quickly came to know and love him.

Milton Rice

Milton Rice was born in Washington County, Wisconsin, on February 24, 1864. He was the son of Philip and Elizabeth (Gross) Rice.

After attending secondary schools in Wisconsin and Iowa, he received his advanced education at Hahnemann Medical College, Philadelphia and Hering Medical College in Chicago, from which he received his medical degree in 1895.

In 1885 Dr. Rice married Laura Cone at Marion, Iowa. The couple had four children: Mildred, Paul, Frederick, and Robert.

Dr. Rice entered practice at Cedar Rapids, Iowa, in 1895. From there he came to Hawaii in 1899 and practiced in Hilo for the next six years.

In 1905 he went to Milwaukee, Wisconsin and practiced there for eight years. For two years of this interval Dr. Rice was surgeon for the Chicago, Milwaukee, and St. Paul Railroad. In 1912 and 1913 he served as a member of the Medical Examining Board of the State of Wisconsin. In the latter year he also took some advanced work at the Chicago Eye, Ear, Nose and Throat College.

Dr. Rice returned to Hilo in 1913 to make his home. He was a County Physician for the Island of Hawaii

for over ten years. For almost thirty years his practice was confined to diseases of the eye, ear, nose and throat.

Active in civic affairs, Dr. Rice was president of the Hilo Chamber of Commerce for more than five years. He extended his endeavors in the interest of the whole Territory. He was active in 1923 in organizing the Associated Chambers of Commerce of Hawaii to work together for the mutual benefit of all the islands. In recognition of his foresight and work he was made the first president of the territory-wide organization, serving from 1923 to 1926.

In April, 1925, Governor W. R. Farrington appointed Dr. Rice a member of the Fleet Entertainment Committee, representing the Island of Hawaii.

Dr. Rice died September 19, 1945, at the age of 81 in Hilo.

He was a member of the American Institution of Homeopathy. He served as president, vice-president, and manager of the Hilo Chamber of Commerce, president of the Associated Chambers of Commerce of Hawaii, president of the Hawaii County Fair Association, president of the trustees of Hoolulu park, and president of the Board of Trustees of the Hilo Public Library.

Katsugoro Haida

Katsugoro Haida was born in the village of Niho Maru, Hiroshima, Japan, in 1865. Because medical care was not available in his village and he attributed his father's death to this lack, he early determined to become a physician. To this end he became apprenticed to a Dr. Usui with whom he studied for a number of years before coming to Hawaii.

In 1885 he came to Hawaii as a contract laborer, settling on Paia Plantation on Maui. Later he moved to Honolulu where he was employed by the Thomas J. King family and utilized his spare time to study English.

Leaving the Islands, Katsugoro went to San Francisco where, after many difficulties, he was able to enter Cooper Union Medical College. He worked his way through medical school and graduated in 1896. In 1900 he returned to Honolulu and began his practice on Beretania Street.

Dr. Haida was married in Japan in 1903. His wife's name was Chizuko, and they were the parents of five children: Shigekatsu, Haruhiko, Katsuhiko, Tsuyoko, and Yukiko.

Shortly after returning from a trip to Japan, Dr. Haida died on February 9, 1920, at Japanese Hospital in Honolulu at the age of 56.

As one of the organizers of the Japanese Hospital, he worked towards its improvement and at one time served as its superintendent. He was also President of the Japanese Medical Society and a member of the Medical Society of Hawaii.

William Joseph Arthur Goodhue

William Joseph Arthur Goodhue was born October 4, 1867, in Athabascaville, Quebec, Canada, the son of James and Miriam (Emerson) Goodhue.

His medical training was received at Rush Medical College from which he graduated in 1897. Dr. Goodhue's internship was served at Cook County Hospital, Chicago, in 1898. In 1910 he was granted a Doctor of Science in Dermatology from Baltimore College.

Following his internship, Dr. Goodhue practiced in Chicago for two years. Coming to Kauai in 1900, he was physician and surgeon for the McBryde Sugar Company in Eleele for a year and also served as government physician.

From 1901 to 1925 Dr. Goodhue was the medical director for the Kalaupapa Settlement.

In 1905 the doctor married Christina Meyer of Kalae, Molokai. Two sons, William W., (now practicing on Kauai) and John D., and a daughter, Mrs. George Forrest, were born to the Goodhues.

The doctor engaged in private practice in Honolulu from 1926 to 1928. In 1928 he returned to Molokai, where he practiced at Pukoo until 1934. During that period he also served as government physician and medical director of Ualapue Hospital at Pukoo.

Dr. Goodhue died March 17, 1941, in Shanghai, China, where he was living in retirement. He was 73 at the time of his death.

Ernest Coniston Waterhouse

Ernest Coniston Waterhouse was born in London, England, on November 16, 1871. He was the son of John Thomas and Elizabeth (Pinder) Waterhouse. Later he became a naturalized American citizen.



DR. WATERHOUSE

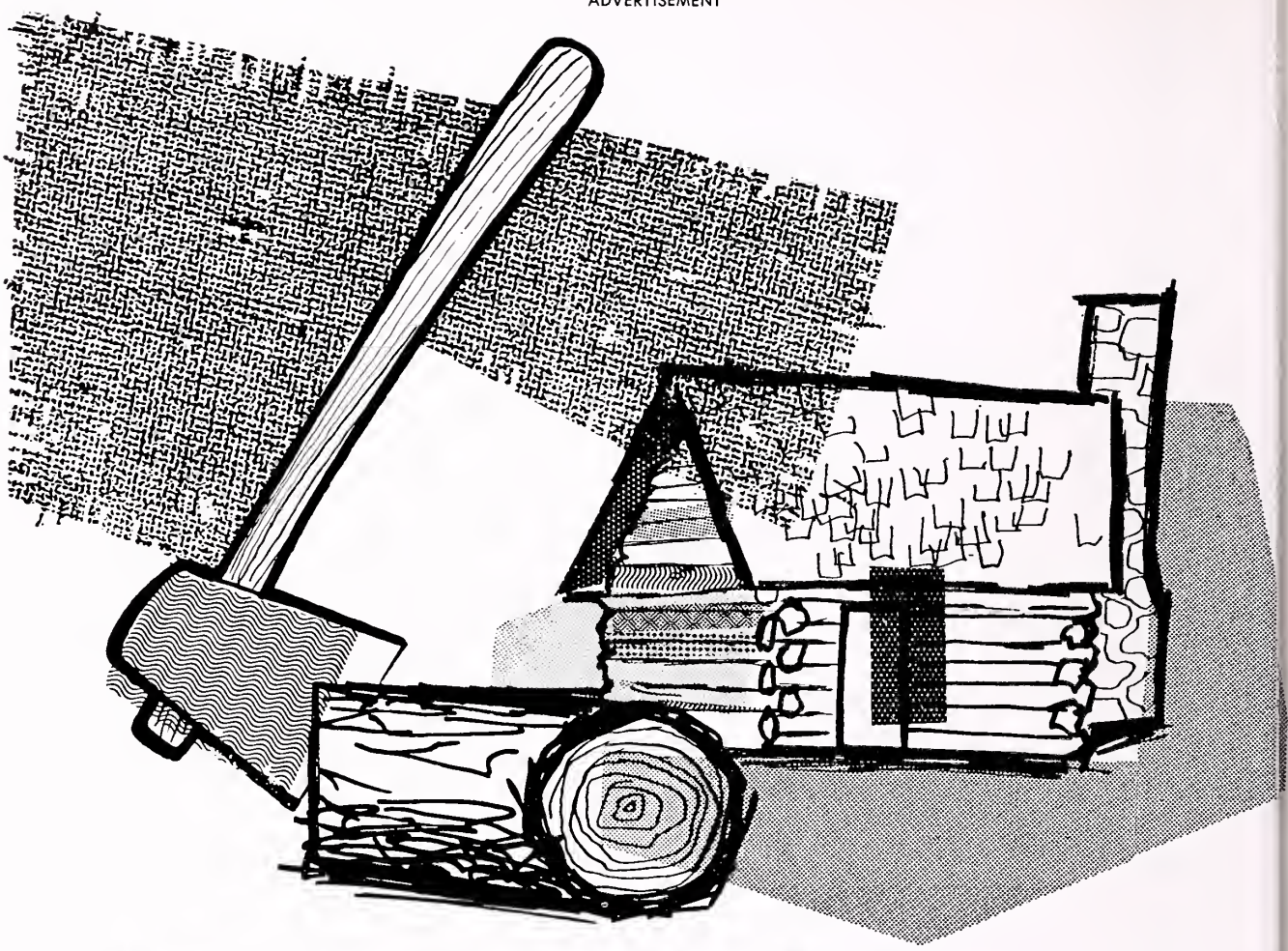
His elementary education was received at Punahou. He then attended Oahu College and Oberlin, and Princeton University, where he received his A.B. in 1894. His medical degree was granted by the College of Physicians and Surgeons in 1898. Dr. Waterhouse interned at General Memorial Hospital, New York City, from 1898 to 1900.

Returning to Honolulu, Dr. Waterhouse practiced medicine and surgery from 1900 to 1913. At various periods he was a surgeon at The Queen's Hospital. He was a member of the medical partnership of Waterhouse and Judd (Dr. James R. Judd), which was the foundation of the present Medical Group.

On February 26, 1900, Dr. Waterhouse married Helen Amy Harding at Welsford, New Brunswick, Canada. The Waterhouses had three children: Helen Amy (Mrs. Henry Gotshalk), Leigh, and Gwendolen.

Dr. Waterhouse became interested in the rubber industry of Malaya and spent considerable time in the Far East. The doctor was the first American to start rubber planting in the Far East. In 1905-1906 he started the Pahang and Trandjong Olak Rubber plantations. From 1906 to 1910 he was president of the Pahang Rubber Company and of the Trandjong Olak Rubber Company. He also served as vendor for the Kong Lee Perak Rubber and Cocoanut Plantations in 1910. The following year he organized the Selama-Dindings Plantations, Ltd. From 1914 to 1916 Dr. Waterhouse was manager of the Kwala Goenoeng Estate in Sumatra. He became the President and Managing Director of the Hawaiian Sumatra Plantations, Ltd. in 1916. Retiring in 1937, the doctor made his home in San Francisco.

On September 11, 1947, Dr. Waterhouse died in San Francisco within a few months of his seventy-sixth birthday. He was a member of the Territorial Medical Society, University Club, and Oahu Country Club.



From Humble Beginnings...

Men of character, born in modest circumstances, have become distinguished leaders... simple ideas, born of strong faith in a sound purpose, have become great forces for good.

Such an idea was the beginning of HMSA—the idea that people, working together, could solve the pressing problem of financing the cost of illness. Through the faith and support of doctors, hospitals, leaders in business, education, and religion—people from every walk of life, this idea has become the prepayment plan selected by over 160,000 residents of Hawaii.

In this Twentieth Anniversary year, HMSA can look back on its humble beginnings and point with pride to its emergence from a simple idea into Hawaii's most popular medical and hospital prepayment plan—offering protection which doctors can confidently recommend to every patient.

HMSA

Blue Shield Plan® for Hawaii

HAWAII MEDICAL SERVICE ASSOCIATION

Bureau of Medical Economics

Rx for Presenting and Discussing Fees*

Medical "Good Will Ambassadors"† throughout the State have agreed to a personalized, standard, published Fee Schedule. Extensive research has been made in this regard, to enhance Public Relations and to improve collections. The many, many doctors who have accepted this theory and have subsequently done something about it are now receiving the rewards. Your Medical Assistant will understand the value of such an approach.

To arrive at a Fee Schedule that can be presented to your patients is not a great task. The many Medical Societies have presented your offices with suggested Fee Schedules. But the object is for YOU, THE DOCTOR, to personalize these FEES and tailor the Fee Schedule to your neighborhood and to your practice. You might follow this formula: "G. P. or Specialty versus geographical area versus volume potential versus the work demands you share with yourself and your Medical Assistant."

In other words, you must first arrive at a figure that you wish to be known as a basic office visit fee. If this office visit fee is $5.00, it must be maintained as standard. Services, such as various therapeutic procedures, minor surgeries, injections, various types of examinations, laboratory procedures, x-ray, etc., must be itemized and charged for, in addition to the basic office visit fee. As an example: An injection worth $2.00, must be added to the office visit fee of $5.00, for a total office visit fee of $7.00. Generally accepted are three different injectible fees, to keep the fee structure from becoming too complicated. These fees for injectibles usually work out to be $1.00, $2.00, and $3.00, depending upon the doctor's cost of medication. Other office procedures are charged for according to time and value expended, excepting surgery; this is usually charged for according to TIME, EFFORT, and RESPONSIBILITY. The object is to arrive at a standard fee whereby your practice overhead will not exceed 40 per cent of your gross income, and to let your patients and your Medical Assistants know what your fee schedule is, so that it will function properly.

A published fee schedule need not be an expensive item. A simple printed page; a multilith or mimeograph sheet will do. You are accomplishing the purpose by conveying to your front office assistant and the patient the fee to be charged for the services rendered. With fees standard and published within your own office, your Medical Assistant will be able to interpret from the history chart or the ticket and convert to dollars and cents the charge for the visit and also convey to the patients what they are being charged for. The Medical Assistants all agree that this is front office responsibility and the days of "Balance due statements," . . . "Let's not talk about the charge," . . . "Don't worry about it now, we will decide later; ARE OVER.

The consensus is that patients DO want to discuss fees; they feel neglected and a bit insulted when this portion of the medical or surgical treatment is not brought to their attention in a dignified manner. Too many doctors' bills are NOT paid because of LACK OF UNDERSTANDING. General attitudes are to modernize the business portion of a doctor's practice in lieu of attempting to utilize business methods and systems that were outdated before most present-day doctors were in medical school.

Doctor, your Medical Assistant is deserving of efficient business methods. She cannot do the job you deserve and expect from her without them. Why not benefit from the experience of these many GOOD WILL AMBASSADORS?

The next article in this series will continue to discuss the problem of presentation and discussion of fees.

* Second of a series prepared by Robert H. Byram, Medical Administrative Consultant for B.M.E. of the Santa Clara County Medical Society.

† Good Will Ambassador is any doctor's office employee.

Here's a Personal Message To Your "Good Will Ambassadors"

The typical doctor's secretary serves as a combination receptionist and hostess, telephone operator, secretary, nurse, bookkeeper, practical psy-

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Brings More Efficiency

Book Reviews

Highly Recommended

Operative Obstetrics

By R. Gordon Douglas and William B. Stromme, 735 pp., $20.00, Appleton-Century-Crofts, Inc., 1957.

There may be a better book on operative obstetrics; if so, I haven't read it. This is a comprehensive book for the obstetrical specialist, written in a scholarly manner, superbly illustrated in the utmost practical detail. This excellent book is refreshingly apropos in a new era of obstetrics when even some of the supposedly advanced centers are throwing in the sponge at anything above a low forceps and doing cesarian section. The *art* of obstetrics is still there, even as it was in the time of William Smelley, and this presentation of obstetrical *art* in modern-day form is the "most." I have already ordered my own personal copy. Why don't you?

FUGATE CARTY, M.D.

* * *

The Dermatologist's Handbook

By Ashton L. Welsh, M.S., M.D., 427 pp., $15.00, Charles C. Thomas, 1957.

This book should be invaluable to all physicians entering the practice of dermatology. It contains a great deal of useful information not readily available in existing texts. It should save the established dermatologist time in looking up descriptions of products not commonly used.

If the book continues to be a significant contribution to the literature it must frequently be brought up to date. The preface of the present edition is dated August, 1955. The book was copyrighted in 1957, and this review will appear in 1958. In revised editions the minor errors undoubtedly will be corrected, and the author will no doubt polish the editing. There is in the present edition too much demand on the reader to jump from section to section to get information. Sometimes this happens on the same page. For example, pertinent information about Miltown and Equinal should be included under one heading rather than being split between consecutively appearing descriptions of the two products.

There is a question in this reviewer's mind as to the value of including descriptive material in a "Dermatologist's Handbook" of many items more appropriately utilized by other specialties. An example of this is the page devoted to Antabuse. The reviewer also wonders whether in this era, space should be given to items such as Arsthinol for the treatment of yaws, and Acetarsone for congenital syphilis.

SAMUEL D. ALLISON, M.D.

Blood and Bone Marrow Patterns

By G. D. Talbott, M.D., Elmer R. Hunsicker, B.S., and Jonah Li, M.D., 59 pp., $12.00, Grune & Stratton, Inc., 1957

This volume presents the salient features of the marrow and peripheral blood patterns of the more commonly encountered blood dyscrasias. The authors emphasize the important diagnostic features of these disorders by means of colored photomicrographs. A few more higher powered reproductions would have greatly enhanced the value of this book to the average physician or technician. Nevertheless, it should serve as an excellent guide in the study of marrow and peripheral blood smears for the differential diagnosis of some of the blood disorders.

THOMAS F. FUJIWARA, M.D.

Diseases and Disorders of the Colon

By Anthony Bassler, M.D., 217 pp., $6.75, Charles C. Thomas, 1957.

This book is not recommended as an addition to a private medical library, especially a surgeon's. The diseases and disorders of the colon are covered in a sketchy fashion. There is no bibliography in the book except in the text. Many diseases or "states" which are not generally recognized as clinical entities are discussed and treatments outlined.

YUTAKA K. YOSHIDA, M.D.

Modern Sex Life

By Edwin W. Hirsch, M.D., 160 pp., $.35, The New American Library of World Literature, Inc., 1957.

Here is a very practical book on sex which stresses the physical rather than the psychic side of a satisfactory sexual union. The reading of this book by the "young marrieds" should certainly help to eliminate much of the present-day neurosis traceable to the wide gap between our sexual idealism and sexual realism. Its effective presentation is quite different from the usual books on sex—and sort of has the tone of a coach telling the reader to "go in there and get that clitoris."

R. T. WEST, M.D.

Diseases of the External Ear

By Ben H. Senturia, A.B., M.D., 211 pp., $8.50, Charles C. Thomas, 1957.

A short, readable book, dealing mainly with external otitis. The chapters include anatomy and histology of the external ear, microbiology and pathology of external otitis, chemistry of cerumen, and the pathogenesis and treatment of external otitis. This is recommended reading for the ear specialist and the general practitioner treating external ear disease.

BARTON BECKER, M.D.

Current Surgical Management

Edited by John H. Mulholland, M.D., Edwin H. Ellison, M.D., and Stanley R. Friesen, M.D., 494 pp., $10.00, W. B. Saunders Company, 1957.

This relatively small volume is, as the editors state, truly a book of alternative viewpoints on current surgical problems. Fortunately, as far as the busy general surgeon is concerned, it deals with surgical problems most commonly met with in his daily routine. As examples of its content, the problems of acute cholecystitis are discussed—the reasons why some surgeons believe in immediate cholecystectomy and others advocate a period of watchful waiting. The presentations by the

(Continued on page 386)

PROPOSED PROGRAM FOR HMA ANNUAL MEETING
May 1 to 4, 1958

Wednesday	*Evening*	
April 30	6:30	Council Meeting
Thursday	*Morning*	
May 1	8:00– 9:00	*Rational Use of Hormones in Obstetrics and Gynecology,* Dr. Robert A. Kimbrough, Jr.
	9:00– 9:30	Intermission to view exhibits
	9:30–10:45	*Recent Advances in Internal Medicine.* Panelists: Drs. Nobuyuki Nakasone, George Goto, Kenneth W. Momeyer, and A. S. Hartwell, with Dr. Fred I. Gilbert, Jr., as moderator. Cardiopulmonary techniques will be discussed and an explanation given of the workings of the new Queen's laboratory.
	10:45–11:15	Intermission to view exhibits
	11:15–12:30	Panel on *Recent Advances in Pediatrics.* Panelists will include Drs. William F. Moore, who will discuss newer viruses; Philip H. F. Watt, unexpected death in infancy; Robert G. Dimler, jaundice in infancy; and Allan C. Oglesby, recent advances in rheumatic fever.
	Afternoon	
	2:00	House of Delegates Meeting
Friday	*Morning*	
May 2	8:00– 9:00	*Indications for Hysterectomy,* Dr. Herbert Schmitz
	9:00– 9:30	Intermission to view exhibits
	9:30–10:30	*Some Recent Developments in Psychotherapy That Can Be Used in Your Practice.* A four-man demonstration to be put on by Drs. William H. Stevens, Joseph Smith, Ellsworth Harris, and Stanley W. Standahl.
	10:30–11:00	Intermission to view exhibits
	11:00–12:15	*Recent Developments in Surgery.* A panel with Dr. C. M. Burgess, moderator, and Drs. Lester Yee, covering chest surgery; Grover Batten, head and neck; Robert Johnston, stomach; and Verne C. Waite, colon.
	Afternoon	
	2:00	House of Delegates Meeting
	Evening	
	7:30– 8:15	*Medical Photography with Illustrations.* Under the direction of Dr. G. M. Halpern with Drs. Paul Gebauer, Ralph B. Cloward, Raid Chappell, Howard Liljestrand, and Mr. Wells from Tripler.
	8:15– 8:45	*President's Address*
	8:45– 9:15	Intermission to view exhibits
	9:15–10:30	*Radioactive Isotopes.* Panelists will include Drs. Jun Chuan Wang, moderator, Robert G. Rigler, and John M. Ohtani, plus Dr. Herbert Schmitz.
	Evening	
	10:30	Introduction of new officers
Saturday	*Morning*	
May 3	8:00– 9:00	*Newer Trends in Obstetrics,* Dr. Herbert Schmitz
	9:00– 9:20	Intermission to view exhibits
	9:20–10:20	*Antepartum Hemorrhage,* Dr. Robert A. Kimbrough, Jr.
	Evening	
	6:30	Cocktails
	8:00	Dinner dance
Sunday	*Morning*	
May 4	7:00	Breakfast for Golfers
	7:30	Golf tournament
	Afternoon	
	12:00	Picnic for doctors and their wives at the home of Dr. A. S. Hartwell

Program Subject To Change

Notes and News

Presidents

New:

A parlor pianist and composer is now president of the Honolulu County Medical Society. **Dr. Rodney West** is a Maui boy known not only for his activities in the County Society and in OB-GYN circles, but as a parlor pianist. He is also a composer of Hawaiian music, having written a prize-winning song, "I Miss My Old Hawaii."

Dr. R. J. McArthur is president pro-tem of the Maui Health Council.

442nd Veterans Club News tells of **Dr. Shosuke Goto** as president of Regimental Medics Chapter.

Perennial:

Dr. Edwin T. Tam was re-elected president of the Orchid Society of Windward Oahu.

High Flyers

Drs. Claude V. Caver, Robert Chung, Philip M. Corboy, James F. Fleming, Chisato Hayashi, Robert A. Rose, W. R. Totherow, and **Frederick B. Warshauer** please note that an invitation has been extended to any physician in Hawaii who has a pilot's license to join the Flying Physicians Association, Inc. Their annual "Spring Cruise" meeting, which includes a scientific program plus side trips and entertainment, will be held in Arizona, April 24-27. For further information, write L. D. Beck, M.D., 1626 No. Central Avenue, Phoenix.

The Younger Generation

A daughter was born to **Dr. and Mrs. Grover Batten,** January 14.

Dr. and Mrs. Tetsui Watanabe became parents of their second daughter, January 22.

Voices of Experience

Dr. Joseph T. Smith, father of 6 children, **Dr. Pershing S. Lo,** father of 4, and **Dr. Dorothy Natsui** address University of Hawaii Pre-School parents on "Don't Be Afraid of Your Child."

Other interpreters of the medical scene were **Dr. Masato Hasegawa,** who addressed the Hawaii Public Health Association; **Dr. Frances Cottington** talked to the Pilot Club; **Dr. Pershing Lo** addressed the Waikiki Business and Professional Women; and **Dr. Sumner Price,** along with other hospital administrators, pleaded the cause of increased hospital costs before a television audience.

"What You Need is a Hole in Your Head" was the title of a talk given by **Dr. Ralph Cloward** to Honolulu Rotarians.

Dr. Walter Quisenberry told the Kailua Mission School PTA how "You Can Save Yourself from Cancer."

As the Twig Is Bent . . .

Dr. James Kuninobu has been moulding young lives through his association with Scouting for over 30 years. He was a member of Troop 6, the first troop of Japanese Scouts in U.S.A. He organized the first A.J.A. troop in continental U.S.A. in Los Angeles about 1924.

Take a Bow, Frank

A recent article in the British Medical Journal described "Cold Conization With **Spencer's** Trachelotome . . ." "A superior method of treatment."

Skipper

Dr. Ellsworth Harris was P-C class winner in a recent meet sponsored by the Pearl Harbor Sailing Club.

Neophyte Bowler

Dr. Richard Lam, who started bowling 18 months ago, is now in the top bracket bowling circuits. He registered a "sensational 716 scratch series."

Ace of Aces

Dr. T. Y. K. Chang won the ace of aces at Waialae with a 78-9-69.

Making News the Hard Way

Offices of **Dr. Thomas Maeda** and **Dr. Masamichi Narita** were recently burglarized.

JIRO YOSHIZAWA, M.D.
1879 - 1957

Dr. Jiro Yoshizawa was born in Tochigi prefecture in Japan, November 5, 1879. He graduated from Tokyo Medical University in 1900, and came to Honolulu in September, 1903. He later went to Kona.

In 1909 he transferred his practice to Koloa, Kauai. He was active in community affairs, having been president of the Kona Hongwanji Gakuen in Kona, and of the Kauai Shinpo Sha in Koloa.

In 1921-1922 he spent a year in postgraduate study in Japan. On his return to Hawaii he practiced in Honolulu, and became president of the Board of Directors of the McCully Japanese School when it was founded. He also served as an officer of the Japanese Medical Association when Dr. Iga Mori was its president.

In 1937 he moved to Paia, Maui. In 1942, he was interned on the Mainland as an enemy alien. On his release, in 1945, he returned to Honolulu but retired from practice.

He became ill in June of 1957, and died of cancer on September 26, 1957, at the age of 77.

HARRY L. ARNOLD, JR., M.D.

RICHARD A. YAMANOHA, M.D.
1919-1957

Dr. Richard Akira Yamanoha was born in Hilo on November 30, 1919, the third son of Dr. and Mrs. Shosei Yamanoha. The elder Dr. Yamanoha had a thriving general practice in Hilo at that time. So at an early age, Dr. Richard Yamanoha was exposed to a medical environment which influenced him in deciding to become a medical man. It was a great day in the lives of Dr. and Mrs. Shosei Yamanoha when the number three son revealed his strong desire to become a doctor and work side by side with the elder Yamanoha.

After graduating from the Hilo High School in 1938, Dr. Richard Yamanoha attended the University of Hawaii for two years pursuing a pre-medical course. In 1940 he transferred to Tulane University in order to complete his pre-medical training. In 1944 he graduated from the Tulane Medical School. Ambitious and brilliant as he was, he continued specialized training in surgery and obstetrics at the St. Joseph Hospital in Parkersburg, West Virginia, Camden-Clark Memorial Hospital in West Virginia, and at the Chicago Maternity Center in Chicago, Illinois.

One of the happiest days of his life was September 28, 1947, when he married Margaret Eleanor Hayes of Parkersburg, West Virginia. In June, 1948, Dr. Richard Yamanoha returned home to Hilo with his bride of nine months to open his office for the private practice of medicine. Dr. Yamanoha's practice flourished and they were blessed with a growing family consisting of William, eight years, Patricia, seven years, Michelle, five years, and John, two years.

Despite the fact that his free times were few and far between, Dr. Richard Yamanoha always managed to donate generously his efforts to various community athletic events and he actively participated in numerous social organizations.

His death, which came on August 21, 1957, was shocking news to thousands of his patients, friends, and associates who had come to really know and respect him as a splendid doctor and a very good friend.

RICHARD M. YAMAUCHI, M.D.

Pau Hana

Dr. Virgil A. Harl has retired. Dr. Harl came to Hawaii with the Army, and prior to retiring from the Army in 1925 was chief of the surgical service at Tripler Army Hospital. After leaving the Army Dr. Harl spent 20 years at Kilauea, Kauai, and in 1945 moved to Honolulu where he has practiced until his retirement.

Equestrian

Dr. Clarence Fronk is devoting much of his retirement time to training polo ponies.

Welcome

Back to Practice:

Dr. Roy T. Tanoue has resumed his practice with the Clinical Associates.

Dr. W. B. Herter returned to practice in January.

Home:

Dr. L. A. Honl has returned from the Mainland, as had **Dr. Lyle Phillips.**

Dr. Fred Lam, Sr., is back from the Orient.

Dr. Ivar Larsen returned from the Mainland in February.

You Will Now Find

Dr. R. Ecklund at Parker Ranch.
Dr. E. J. Nygren at Pahala.
Dr. Ewart Sarvis at Naalehu.
Dr. Dan Yuzon at Olaa Plantation.

TAPP

Taps **Dr. David Woo** to attend Atlantic City meeting of Industrial Medical Association in April.

Industrial physicians: Save the second week in November for TAPP meet in Hilo.

New Association

Dr. Robert A. Rose has announced his association with the Windward Medical Center. This group now consists of **Dr. Raymond deHay, Dr. Kenneth Momeyer, Dr. Robert Rose,** and **Dr. J. S. Woodruff.**

Dr. Mario P. Bautista is now with **Drs. Nishijima and Tom.**

Music Hath Charms . . .

Honolulu Symphony Society patron, **Mrs. Linus C. Pauling, Jr.;** Donors, **Dr. Richard Y. Sakimato** and **Dr. and Mrs. George F. Straub;** Contributing Members, **Dr. and Mrs. Robert Johnston** and **Dr. and Mrs. John J. Lowrey.** Many other physicians supported the Symphony through other forms of membership and their attendance at the concerts.

Who's New?

Dr. R. L. Lichter is now practicing orthopedic surgery in the Alexander Young Building. Dr. Lichter is from Northwestern University, St. Francis, Cook County, and Fitzsimons Army Hospital, and is the son of **Dr. Martin H. Lichter.** In February, with **Dr. Donald S. Miller,** our new Dr. Lichter had an exhibit at the American Orthopedic Association dealing with vascular complications of orthopedic surgery.

Dr. Joseph T. Nishimato, an alumnus of the University of Cincinnati, who spent two years at Strong Memorial Hospital, is now practicing in Aiea.

Dr. Joseph T. Smith, a Canadian and an alumnus of the University of Alberta Medical School, is now associated with **Dr. E. B. Harris** in the practice of psychiatry in the Waikiki Medical Building.

Dr. C. F. Yamashiro is now doing Ob.-Gyn. in Kaneohe. He was graduated from the College of Medical

(Continued on page 380)

County Society Reports

Maui

The regular meeting of the Maui County Medical Society was held on Tuesday, January 21, 1958, at the Central Maui Memorial Hospital.

Members present were: Doctors Burden, Ferkany, Fleming, Izumi, Kanda, Kashiwa, H. Kushi, McArthur, Moran, Ohata, Patterson, Rockett, Sanders, Shimokawa, Tofukuji, Tompkins, Tong, Underwood and Wong. Guests present were: Mr. R. R. Lyons and Mr. Jay Rockstead.

Mr. Lyons and Mr. Rockstead gave an interesting talk on MEDA (Maui Economic Development Association). They asked the Maui County Medical Society for financial aid. Dr. Fleming made a motion to authorize the President to appoint a committee to study the foregoing matter. Motion was seconded by Dr. Burden and carried unanimously.

The president reported that the transfer of membership for Dr. Charles C. Custer has been completed.

Dr. Wong reported that there is no deadline for the purchasing of the medical books with the money donated by the Territorial Board of Medical Examiners and that anyone interested in purchasing books should submit the names of the books which they are interested in acquiring.

A letter was received from Maui High School asking the Society to send a speaker during their "Career Week." Dr. Fleming volunteered to speak to them on February 20, 1958.

Dr. Lawrence G. van Loon's application for membership in the Society was read and referred to the Executive Committee.

A letter addressed to the Society through Dr. Moran from Mrs. Laura G. Yamamoto, administrator of the Molokai Community Hospital was read. Dr. Moran moved to refer the letter to the Tissue Committee of the Central Maui Memorial Hospital Medical Staff. Motion was seconded by Dr. Fleming. The motion failed to pass as follows: No—11; Yes—4. Dr. Moran was then requested to answer the letter.

The President reported that the Executive Committee met with Mr. Veltmann and the following were pointed out: 1. There are too many office visits; 2. The number of hospitalization cases are too many; 3. Surgical cases are within the normal range.

An interesting movie on "Grand Rounds" by Upjohn was shown.

Meeting was adjourned.

L. T. Kashiwa, M.D.
Secretary

Hawaii

The Hawaii County Medical Society in conjunction with the Woman's Auxiliary held a dinner meeting on Friday, December 6, 1957, at 6:00 P.M. at the Hilo Country Club. The dinner was by courtesy of Pfizer Laboratories.

A short business meeting was called to order by Dr. Miyamoto. It was moved by Dr. Tomoguchi to make the doctors' and wives' Christmas dinner an annual affair. This was seconded by Dr. Hata and was unanimously carried. Dr. Tomoguchi also moved that the Society expend $50.00 toward the expenses of this Christmas dinner. This was seconded by Dr. Hata and was unanimously approved.

* * *

The Hawaii County Medical Society held its regular dinner meeting on January 10, 1958, at 6:30 P.M., at the Hilo Hotel. Members present were Drs. Asami, Crawford, Davis, Kutsunai, Leslie, Matayoshi, J. A. Mitchel, Miyamoto, Okumoto, Oto, Stemmermann, Steuermann, Nesting, and Yamauchi. Guests present were Mr. Abel Fraga, Dr. Konsou, and Dr. Kaipat.

Mr. Abel Fraga, Chief Investigator of Narcotics for the Territorial Board of Health, as guest speaker for the evening presented an informal and interesting talk on the various aspects of the narcotics problem in Hawaii.

A business meeting was called to order at 9:35 P.M. by Dr. Miyamoto. He announced that the Diabetic Committee headed by Dr. Loo will conduct a Diabetes Detection Drive together with the Mobile Unit Chest X-ray Drive next month.

Dr. Miyamoto presented for consideration the conferring of the Honorary Member title to Dr. Orenstein. No vote was taken regarding this matter.

Meeting was adjourned at 10:15 P.M.

Richard M. Yamauchi, M.D.
Secretary

Honolulu

The regular membership meeting of the Honolulu County Medical Society was held Tuesday, January 7, 1958, at 7:30 P.M., in the Mabel Smyth Auditorium. Dr. Rodney T. West presided and approximately 155 members were present.

An interesting movie was shown by Upjohn, entitled "Diagnostic and Therapeutic Advances in Liver Disease." Discussants were Dr. Raymond deHay and Dr. Richard K. C. Chang.

New members welcomed into the Society were Drs. Rowlin Lichter, Charles Yamashiro, and Bernard Yim.

It was announced that the annual golf tournament and teahouse party of the doctors, dentists, and pharmacists would be held Thursday, March 13.

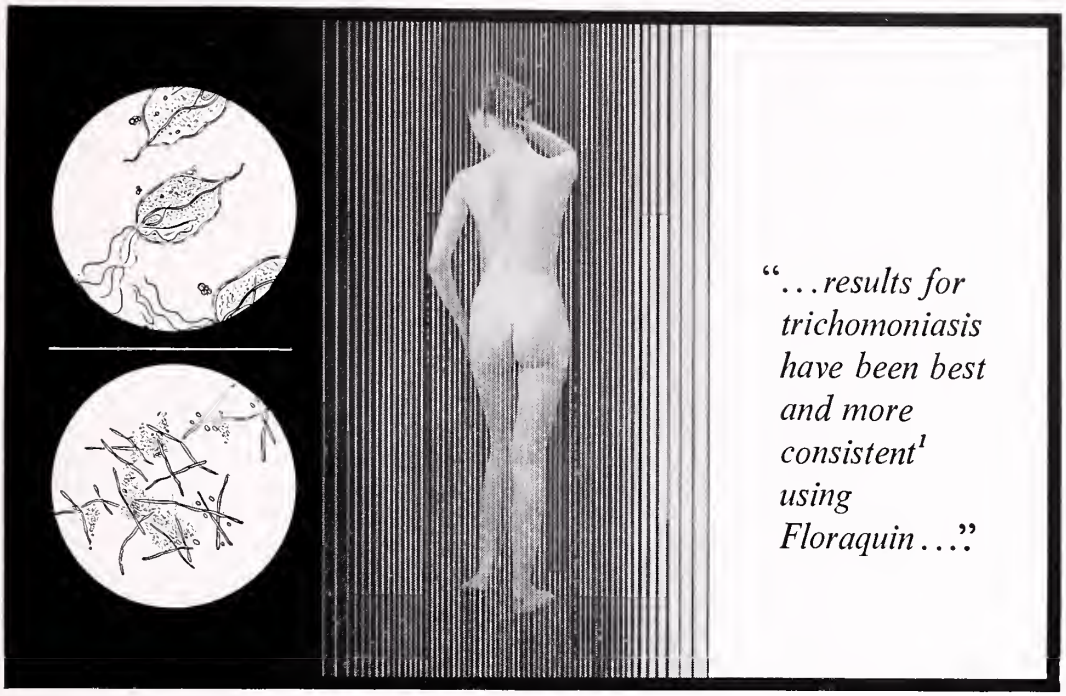
It was mentioned that Dr. James Marnie was elected from the Board of Governors to the HMSA Medical Committee for two years.

The case of Dr. Kenneth Amlin was brought up by Dr. West, who initiated the discussion with the following statement:

> Tonight the members of the Honolulu County Medical Society are faced with a distasteful but necessary task—we sit in judgment of one of our members. All organizations at times have to censure, suspend, or expel a member for either not conforming to the rules and regulations of that organization, or for committing some act outside the organization which makes other members no longer desirous of being one of his associates; or an act which, if not recognized by the organization and proper action not taken against the individual member, would bring discredit upon that organization in the eyes of the community. Any society, organization, group, club, association and/or union has to have certain standards of integrity in order that it may continue to function properly, and in order that it may engender respect from its own members and from those outside its portals.
>
> Some societies are of minor importance, and whether or not they existed would be of no consequence. Others are an important part of the community, and their activities have an indirect effect on large numbers of people. The stamp of approval given by membership in such organizations almost automatically

(Continued on page 376)

EFFECTIVE, DEPENDABLE THERAPY FOR VAGINITIS



Floraquin® eliminates trichomonal and mycotic infection; restores normal vaginal acidity

Leukorrhea is by far the most frequent symptom of vaginitis; trichomonads and monilia are the most common causes. Many authors have reported[2] trichomonal protozoa in the vagina of 25 per cent of obstetric and gynecologic patients. Increased use of broad spectrum antibiotics has resulted in a sharp rise in the incidence of monilial infections.

Floraquin effectively eradicates both trichomonal and monilial vaginal infections through the action of its Diodoquin® content. Floraquin also furnishes boric acid and sugar to restore the normal vaginal acidity which inhibits pathogens and favors the growth of protective Döderlein bacilli.

Pitt[1] recommends vaginal insufflation of Floraquin powder daily for three to five days, followed by acid douches and the daily insertion of Floraquin vaginal tablets throughout one or two menstrual cycles. G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

1. Pitt, M. B.: Leukorrhea. Causes and Management, J. M. A. Alabama *25*:182 (Feb.) 1956.
2. Parker, R. T.; Jones, C. P., and Thomas, W. L.: Pruritus Vulvae, North Carolina M. J. *16*:570 (Dec.) 1955.

SEARLE

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

ROSIE CHANG, *Editor*

DORIS GREGORY, *Associate Editor*
KATSUKO TAKIGUCHI, *Associate Editor*
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MILDRED KIM, *Associate Editor*

OLIVE C. PRIDGEN, *Executive Secretary*

Editorials

NATH ROLL CALL

As this goes to press, over 260 new nurses have joined our Association in the month of January alone. This was accomplished by good planning, enthusiasm, and participation of the very effective Roll Call teams. The energy and enthusiasm of those who took part in the Roll Call may well make this year a historical one for NATH. Conclusive results will not be known until the end of 1958 when we can compare the total membership figure with that of last year's.

NATH joined other state nurses' associations in the ANA Roll Call, which is a nation-wide endeavor to increase membership, to augment nurses' knowledge of what their professional association is and does, and to make it possible to extend the programs and services of the ANA.

The goals of the Association are of vital importance to every nurse. Professional growth, the improvement of economic status, legal protection of the profession and the individual nurse are a few of the benefits of membership. By strengthening our Association, we strengthen ourselves and the entire nursing profession. NATH is our organization and its strength is measured by the contribution of the individual nurse.

Be proud of being a nurse; be proud of our professional organization.

President's Message

CONGRATULATIONS on the success of your ROLL CALL! The participants who gave so generously of their time and effort are far too numerous to single out individually here for special commendation.



LYNNE WIGEN, *President*

Undoubtedly most of the membership are familiar with the plan of organization for this drive. In the initial stage we sent our Executive Secretary for NATH, Mrs. Olive Pridgen, to New York to participate in the planning and training sessions. This trip involved the expenditure of some of your funds, authorized by the Board of Directors. I'm sure the majority will agree it was a wise investment, for Mrs. Pridgen has done a magnificent job. She in turn, carried this plan of organization to each District, and hence to the team captains and recruiters.

The tentative goals which were set presented a real challenge. By now you know as well as I where you have met, and exceeded them. You have proved what can be done with a planned, concerted effort.

We have a good beginning, but the lessons learned, and the techniques practiced during the Roll Call should not be abandoned. Rather, they should provide the background for a continuing effort. Perseverance usually pays off, as those of you who participated most actively in this program well know. Perhaps, too, you now appreciate the problems, trials, and tribulations of the salesman. No contacts—no results!

So we have sold a product, and I think it is a good one—membership. We have said we have something to offer the nurse who allies herself with others of her profession in an organization such as the American Nurses' Association.

Let's stand behind our product with sound planning, good programs, and constructive activity for progress at the District, Territorial, and National levels. Now more than ever before is the time for positive action.

Additional funds in the Treasury and more names on the membership rolls are all very fine, but these are certainly not the ultimate goals in a drive such as this. Let's really make the most of our new members by utilizing their enthusiasm, their energies, and their ideas. As people become actively engaged in an organization, they give more —and receive greater benefits in return.

It is the responsibility of all of us to determine what the Association can give by planning activities and working towards goals which are best for the individual nurse, for her profession, and for the community.

Your President has always felt we truly have something to offer; real value received by becoming a member of a strong, progressive, professional organization. Now let's prove it!

May I extend a warm welcome to all new members, and my sincere thanks to those of you who have already contributed so much.

Clinical and Technical

HEALTH AND THE SEXES[1]

Statistics

Women in the United States today live considerably longer, on the average, than men. In 1956, for example, the life expectancy of females at birth was over six years higher than that for males. In addition, the age-adjusted[2] mortality rate for males, 9.6 per 1,000 population, exceeded the corresponding rate for females by well over 50 per cent.

This better record of women results from the more rapid decline of their mortality since 1900, rather than from any increase in the death rate among men. While the male death rate dropped from 1900 to 1956 by almost one-half, the corresponding decline for females was much larger—just under two-thirds. The mortality differential between the sexes is now wider than at any time in the history of this country.

In 1956 there were 228,000 excess male deaths in this country—896,500 deaths among males compared to 668,500 among females—according to preliminary estimates by the National Office of Vital Statistics. The annual differential has numbered over 100,000 since well before 1933 and over 200,000 since 1950. The excess would currently be even greater except that today many more women than men are alive at the older ages, when the mortality risk is greatest.

Disease Pattern Changes

Excess male mortality is characteristic of nearly all leading diseases; but the widening of the differential has, to a considerable extent, been associated with a shift in the leading causes of death, from the communicable diseases at the turn of the century to the degenerative diseases today.

In 1900 pneumonia and influenza, tuberculosis, and diarrhea and enteritis—three of the five leading causes of death, accounting for nearly a third of the total—resulted in excess male mortality of only 2, 9, and 9 per cent, respectively. By 1955 the importance of these diseases had declined; although their excess male mortality had risen sharply in the interim, their effect on the sex ratio for all deaths was almost negligible.

Heart disease in 1900 caused an excess male mortality of only 11 per cent. But after 1920 the differential rose steadily, reaching 78 per cent by 1955. This rise was associated with a decline in the infectious and rheumatic forms of the disease, and a corresponding increase in arteriosclerotic heart disease, especially diseases of the coronary arteries. Male mortality from heart disease is currently more than twice the female rate over the entire age range 35-64.

Because of the importance of heart disease in today's mortality picture (nearly 40 per cent of all deaths in 1956 were ascribed to this cause) a considerable proportion of the current excess of male deaths is accounted for by this disease alone. It causes more than half the total disparity at ages 40-74; thereafter the proportion declines, and is just under one-sixth at 85 and over.

At the upper ages, in addition to heart disease, malignant neoplasms (cancer) account for a sizable proportion of the excess male deaths. Cancer was a relatively minor factor in the mortality picture around 1900, causing about 4 per cent of all deaths. At that time female deaths from this disease exceeded male by 65 per cent. By 1955 cancer accounted for 16 per cent of all deaths, and there was an excess *male* mortality of 20 per cent.

The male death rate from cancer currently exceeds the female rate from birth through the ages of 25-29 and at 55 and over. After the early twenties, a large proportion of fatal malignancies involve the female breast and genitals.

[1] From Progress in Health Services, Vol. VI, No. 10 (Dec.) 1957. Health Information Foundation.

[2] The age-adjusted death rate is used when mortality is compared over a period of years, because it allows for changes in age composition of the population.

At the older ages, the digestive system is the most common site, accounting for over 40 per cent of all cancer deaths. Males are most vulnerable, with their toll exceeding that of females by about 50 per cent at ages 60-74. The largest male excess in cancer mortality involves the respiratory system; the number of such deaths has increased spectacularly in recent years.

Male Accident Toll High

By far the highest excess of male deaths among the leading causes, especially at the younger ages, occurs among accidents. This cause alone accounts for over four-fifths of the excess male toll from all causes of death at ages 10-24, and nearly three-fourths at 25-34.

Accidents are unique among the leading causes of death in that the relative excess of male deaths, although still far larger than among the diseases, has declined since 1900. Much of this is due to the drop in importance of fatal work accidents, which take male lives almost exclusively.

Even before birth there is a pronounced difference between the sexes in the ability to survive. The fetal death (stillbirth) rate for males is 12 per cent higher than for females. The disparity rises to almost 30 per cent in the rate for deaths occurring within 24 hours after birth.

Prior to the present era of medical progress, maternal mortality was so high—about 20,000 in 1900[3] in the United States—that it represented a significant counterweight to excess male mortality. In addition, women often experienced the effects of childbirth years later in severe illness and impaired vitality, particularly when large families were the rule rather than the exception. But within recent years, maternal mortality has declined to such low levels—just under 1,600 in 1956—that it no longer represents a significant aspect of the problem.

Morbidity Differences

The situation is quite different, and considerably more complex, with regard to illness. Women report themselves as ill more often than do men.

For disabling illness, i.e. illness in which the patient is unable to conduct usual activities for one day or longer, and for bed cases, the situation was essentially similar; higher rates were reported for females of 14 and 20 per cent, respectively. The excess of cases of chronic illness among females was particularly large—54 per cent.

By age, the frequency of reported illness was higher among females at all ages past 10, with the highest excess, 60 per cent, at 45-54. These higher female rates spanned almost the entire range of diagnostic categories of illness.

[3] Estimated by Research Department, Health Information Foundation.

Along with these higher morbidity rates, a study in Washington State in 1954 showed that women consulted physicians in private practice more often than did men, even omitting visits for purposes of health supervision or those connected with childbirth or conditions peculiar to the female sex.[4] Female visits exceeded those of males by 4 per cent, and this excess would have reached 10 per cent if there had been as many women as men in the population of that state. On the other hand, more U. S. males than females were hospital patients in 1953.[5]

The exact implications of these studies are not yet clear. For one thing, household surveys of illness are subject to various biases, including both under- and over-reporting, that may be selective for sex. Women, the chief respondents in these surveys, may be aware of, or remember, their own illnesses better than those of the men in their households. At the same time, economic and social pressure is undoubtedly greater on the breadwinners of the family—chiefly men—to ignore all but the most serious or disabling symptoms.

Long-term Trends

The sex differential in mortality has left its mark on the population structure. In the early years of the century, men enjoyed numerical ascendancy in this country in nearly all age groups. This situation resulted from the heavy influx of immigrants, among whom a sizable majority were males, as well as from the normal 5 to 6 per cent annual excess of male births.

When immigration diminished, however, while the annual excess of male deaths grew ever larger, the male population majority decreased and soon became a minority. Currently women outnumber men at all ages past the mid-twenties.

The excess is particularly large—over a million in 1956 and increasing steadily—among persons aged 65 and over. By 1975, if present trends continue, this excess will have risen to 3¼ million; women will outnumber men by 138 to 100. Even at mid-life—45-64—women will exceed men by 2.2 million, or 11 per cent.

Excess male mortality is by no means peculiar to the United States. Rather, it is common, with only minor exceptions, throughout much of the world. In general, the differential is greatest where life expectancy is highest, and widens as each country's mortality rate declines.[6]

Research currently seeks to determine whether

[4] Data adapted from S. Standish, Jr., et al., *Why Patients See Doctors*, University of Washington Press, Seattle, 1955.

[5] F. G. Dickinson, "Age and Sex Distribution of Hospital Patients," *Bulletin 97, Bureau of Medical Economic Research*, American Medical Association, Chicago, 1955.

[6] United Nations, "Age and Sex Patterns of Mortality," *Population Studies No. 22*, 1955.

the sex differential in mortality is due to biological or social (including environmental) factors. It is difficult to imagine that the disparity during the prenatal and neonatal periods, infancy, and even early childhood can be the result of social factors, since the environment of the sexes differs not at all or little during this period. Even during adulthood, Madigan[7] has made a strong case for biological causation by demonstrating significant differentials in the mortality experiences of men and women subject to almost identical environments. Implied is a greater constitutional resistance to degenerative diseases on the part of women, which benefits them increasingly as the communicable diseases and hazards of maternity come under tighter control.

[7] F. C. Madigan, "Are Sex Mortality Differentials Biologically Caused?" *The Milbank Memorial Fund Quarterly*, XXXV, 2:202-223 (Apr.) 1957.

Nevertheless, the social environment unquestionably has a significant role in causing excess male mortality, especially from accidents. Also, the higher mortality differentials by sex in the larger cities and in the upper occupational groups suggest that certain modes of living may place an unequal stress on males. Perhaps men more than women are subject to internal stress, with a consequent higher incidence of coronary artery diseases and ulcers. Exercise or the lack of it, smoking, changing dietary habits, the propensity of women to take greater advantage of medical facilities—all these have been suggested as possibly related factors. But whatever the reasons, it would be well to concentrate medical research upon this problem before American males—especially those at age 45 and beyond—become in effect an underprivileged segment of the population.

Nursing Education and Nursing Service



MARION FOX AND MARGARET GIFFIN*

NURSING ADMINISTRATIVE INSTITUTE

One hundred and fifty nurses gathered at the Reef Hotel, November 11, to begin a five-day institute designed to improve supervisory nursing practices in Hawaii. From nine each morning until 4:30 in the afternoon head nurses and supervisors from 22 hospitals attended lectures and participated in group and panel sessions.

The institute was sponsored locally by the Hospital Association of Hawaii, Honolulu Hospital Council, and Hawaii League for Nursing. It was conducted by the American Hospital Association in cooperation with the National League for Nursing. We were fortunate in having two outstanding nurses from the Mainland coordinate the program —Miss Marion Fox, staff representative of the Council on Professional Practice, American Hospital Association, and Miss Margaret Giffin, director of the department of hospital nursing of the National League for Nursing. Local planning committee members included Rosie Chang, director of nursing at the Territorial Hospital; Sister M. Maureen, administrator for the St. Francis Hospital and chairman of the Institute; and Mary Walsh, president of the Hawaii League for Nursing.

Hawaii participants joined visiting Mainland hospital administrators and local management specialists in evaluating existing supervisory practices and exploring newer trends in supervisory and managerial skills which provide more effective methods of nursing unit management.

In addition to the educational sessions, social events included a formal dinner at the Reef Hotel, a buffet luncheon and fashion show at the Halekulani Hotel, an afternoon tea at Maunalani Hospital, in addition to a cocktail party and buffet supper at th Lanikai home of Dr. and Mrs. Sumner Price.

Although this is the first institute of this kind conducted in Hawaii for nurses, it is to be hoped that many more such worthwhile conferences will be held at suitable intervals. A tremendous amount of knowledge and administrative know-how were passed along to everyone who attended and the benefits gained will be reflected in increased hospital staff efficiency throughout the islands.

* Coordinators for the Nursing Administration Institute.

BOARD FOR THE LICENSING OF NURSES

Three licensed practical nurses were appointed by the Board from a list submitted by the Territorial Practical Nurses' Association to be the first Advisory Committee on Practical Nursing. Mrs. Lydia DuPont, Mrs. Ruth Cushnie, and Mrs. Margaret Kauka met in February to study the Board's policies on licensing practical nurses. The committee will meet independently as often as it needs to and will deal with any aspect of the Board's program which relates to practical nursing. The committee will present the concerns of practical nurses and recommend policy for the Board's consideration. At least two joint meetings with the Board will be scheduled annually. Mrs. Cushnie is also a member of the Hawaii League for Nursing Committee which is revising requirements and curriculum standards for schools of practical nursing. These standards will be ready for Board action in April.

The Board is planning a public hearing in Honolulu this May which will give all interested persons an opportunity to discuss proposed administrative rules and regulations. This code will include rules of eligibility for licensing and requirements for schools of nursing. The proposed rules and regulations will be distributed to key people and the nursing associations thirty days prior to the public hearing.

The brochure *Need for Change in the Present Nursing Practice Act* was inserted in the February issue of the INTER-ISLAND NURSES' BULLETIN. Mrs. Lusby of the Maui District Nurses' Association arranged two meetings in February on the proposed new legislation. The executive secretaries of NATH and the Board participated in the meetings of the Maui Nurses' Association and the Practical Nurses' Association.

Highlights of recent Board actions are: Approval of the practical nursing course on Kauai;* issuance of 23 special temporary licenses as practical nurses on the request of Maluhia Hospital; and actions relative to two professional nurses charged with misuse of habit forming drugs—a suspension of license for one and the withdrawal of a temporary permit to nurse for the second nurse.

ALISON MACBRIDE
Executive Secretary

* The practical nursing course on Kauai started in January with 19 students and will be completed in a year and a half. This course meets Kauai's present need for qualified practical nurses. The students are enrolled in the Kapiolani Technical School, Practical Nursing Department, and have met eligibility requirements. The course of study is the equivalent of the twelve-month, full-time program in Honolulu. None of the students admitted were able to attend the Honolulu school. This Kauai course was organized by the Department of Public Instruction because of the fine collaboration of the Wilcox and Veterans' Memorial Hospitals in making available supervised clinical experiences, by the contribution of Wilcox of a nursing arts laboratory, the administrative assistance and provision of a classroom on the part of the Kauai Technical School, and finally by the appointment of Mrs. Edith Nicholson, R.N., as nursing instructor. Graduates of this program will wear the P.N. School pin and uniform and are eligible for license by examination.

General Interest

HONOLULU COUNTY MEDICAL LIBRARY

From the time the Library was established in the Mabel Smyth Building, the nurse's collection has been an integral part of the Honolulu County Medical Library. Miss Albertine Sinclair, Chairman of the Library Committee in 1942, did much to define policies promoting the regular purchase of new materials, and made arrangements with the Medical Society to cover annual support. It was decided that the nurses would select and buy their own books, maintain journal subscriptions to important journals, and pay for binding of completed volumes. The Library, on its part, agreed to house the collection, catalog and process books and other material, circulate, and provide reference service for all nurses. All other services and privileges of the Library would be available to them, including the use of the entire collection.

In 1952, Miss Virginia Jones was Chairman of the Library Committee, and her group made recommendations that more new books be added to the nursing section, that representative schools of nursing on the mainland be requested to send their catalogs regularly, that pamphlet files be purchased for unbound materials, and that reviews of new books from publishers be obtained for the INTER-ISLAND NURSES' BULLETIN.

A few years later, the Association was asked by the Library Board of Governors to place the annual contribution on a per capita membership basis rather than an overall sum—in order to comply with Library Bylaws. However, due to financial difficulties and other considerations, NATH decided that the "disparity in the use of the Library by members of the Association depending upon their place of residence" made it more equable to reallocate the responsibility of library support to the districts. The Oahu District thereupon shouldered the major portion of library support, and it is heartening to report that the Maui District also sent in a small contribution.

It should be noted that the Nurses' Association contributed $5,000 to the Library Endowment Fund. It is hoped that this Fund, which has grown through the years, will help in providing new and expanded quarters for the Library in the near future.

Volumes in the Library now number over 22,000 (insured for approximately $250,000), and more than 600 journals are currently received. The Association itself maintains subscriptions to the *American Journal of Nursing* (files of which are now complete back to 1916), *Canadian Nurse, Nursing Outlook, Nursing Research and Nursing World*. Moreover, through an exchange of publications with other Mainland nursing associations, their bulletins are regularly received and are available in the Library. Miss Lucille Otto has devoted much time and effort in gathering together historical material on nursing in the Islands. She has collected pamphlets, clippings, and photographs, and has kept up to date the interesting and valuable files of scrapbooks.

Last year, statistics showed that there were 490 nurses as registered borrowers (including 230 student nurses), and attendance figure list over 3,000 nurses making visits to the Library. Nurses on the neighbor islands often call upon the services of the staff, by writing in and requesting books and journals to be mailed out. Practical nurses are accorded guest membership privileges upon payment of an annual fee, and services to students in the nursing schools of the several hospitals are covered by annual contributions from the respective hospitals.

Members of the nursing profession in Hawaii should take pride in the part they played in building and helping maintain this outstanding institution, which is of such importance to the entire community. It is hoped that their knowledge and use of its unlimited resources will continue to increase.

District and Section News

HAWAII

PRESIDENT: Mrs. Hazel Flagg, 1800 Waianuenue Ave., Hilo, Hawaii
SECRETARY: Miss Moira Wilson, Box 682, Hilo, Hawaii
DATE OF MEETING: First Tuesday of the month.
TIME: 8:00 p.m.
PLACE: As announced.

The regular monthly meeting of NACH was held at the Puumaile Nurses' Home on February 4, 1958, with Mrs. Hazel Flagg presiding. There were 34 members present.

Outstanding among the reports given was the report by Miss Miriam Kemmerer, chairman of the Roll Call Committee. She stated that at the last count, sixty new members have already been recruited. This number included both active and associate members. There were a few more nurses who were expected to join soon.

* * *

The results of the Roll Call campaign were quite gratifying on the Big Island. The total enrollment was increased about 75 per cent.

Miss Miriam Kemmerer headed the campaign on the Big Island. The following persons served as team captains and recruiters in the various districts:

Kona: Mrs. Elsa Chillingworth, team captain; Miss Lillian Kuniyuki, and Mrs. Laura Sugai.
Honokaa: Mrs. Gladys Jacobs, team captain; Miss Eva Copeland, and Donna Miguelgorry.
Hilo: Mrs. Emma Lau, team captain (Board of Health); Mrs. Mae Marcellino, team captain (Puumaile); Mrs. Utako Tao, team captain (Hilo Memorial); Miss Helen Aida, Miss Margaret Barnett, Mrs. Shizuko Doi, Mrs. Hatsumi Ishikawa, Miss Emily Kaaua, Mrs. Chitose Kanuha, Miss Yukie Kuramoto, Mrs. Ethel Macguiness, Miss Chieko Tanaka, Miss Moira Wilson, Miss Julie Uyeki, and Mrs. Josephine Victor.

Approximately 38 active and 19 new associate members have been recruited to date.

Miss Agnes Schrant will become the bride of a young man from Honokaa, where they will reside.

Miss Donna Miguelgorry and **Miss Eva Copeland** will leave for California in June. They plan to tour the Mainland and then work either at the American Hospital in Paris, France, or in Saudi, Arabia!

Mrs. Gladys Johnson, a PHN, will leave for Honolulu in June.

Miss Pauline Martinez is a new addition to the staff at Honokaa. She is from Denver, Colorado.

KAUAI

PRESIDENT: Miss Elvie Manley, Wilcox Memorial Hospital, Lihue, Kauai
SECRETARY: Mrs. Nobuko Hayashi, Mahelona Memorial Hospital, Kealia, Kauai
DATE OF MEETING: First Monday of the month.
TIME: As announced.
PLACE: As announced.

The Kauai Nurses' Association held their regular meeting on Monday, February 3, 1956, at Wilcox Hospital Nurses' Home.

Representatives from the Rehabilitation Center of Hawaii were guest speakers.

They were, Mr. George Thompson, Assistant Director; Dr. J. D. Henriksen, Physical Medicine and Medical Director; Mrs. M. Ramsey, Chief Physical Therapist; Mrs. L. Tsukazaki, Chief Occupational Therapist; and Mrs. M. McConnell, Psychiatric Social Worker.

They spoke on medical problems in rehabilitation nursing, nursing care problems, physical therapy problems, activities of daily living, training in nursing, psychological and emotional problems, home placement problems and nursing and community resources. An open discussion was held after the group finished this panel discussion.

The results of the Roll Call drive on Kauai, headed by Chairman Mrs. Helen MacPherson, showed nine new active members, one associate member, with eight former members rejoining to date. Each of the three hospitals on Kauai including the Public Health and Industrial Nursing Sections are 100% in their membership.

* * *

Five new members were welcomed to Kauai Nurses' Association with orchid corsages. They were **Miss Esther Kudaishi, Miss Arlene Minatoya, Miss Grace Iida, Mrs. Janet Sawaguchi,** and **Mrs. Carolyn Hefner.**

Miss Edith Hinchliffe and **Miss Elvie Manley** were given a surprise housewarming by a group of nurses and friends at their new home in Wailua Homestead on January 27.

Miss Arlene Minatoya, '57 graduate of The Queen's Hospital, is engaged to **Paul Matsunaga.**

MAUI

PRESIDENT: Mrs. Michie Kamitaki, Department of Health, Wailuku, Maui
SECRETARY: Mrs. Lorraine Arakaki, Central Maui Memorial Hospital, Wailuku, Maui
DATE OF MEETING: Third Thursday of the month.
TIME: As announced.
PLACE: As announced.

Valley Isle Roll Call Campaign

Mrs. Marjorie Okinaka, Chairman of the Roll Call Drive, and the team captains and recruiters held a meeting at the Central Maui Memorial Hospital Conference Room on January 13, 1958.



MARJORIE OKINAKA

Assisting with the membership drive in the Tri-Isles district are captains Mrs. Margaret Alexander, Molokai; Mrs. Michie Kamitaki, Lahaina; Mrs. Yukiko Higa, Central Maui Memorial Hospital; Mrs. Okumi Tanner, Lanai.

Recruiters are Miss Eileen McHenry, Mrs. Grace Lusby, Mrs. Elizabeth McCall, Mrs. Phyllis Stubbs, Miss Masami Shiraki, Mrs. Gloria Foster, Mrs. Anna Gillin, Mrs. Hilda Yatsushiro, Mrs. Agnes Gay, Mrs. Laura Yamamoto, Sister Mary Vera, Miss Grace Arakawa, Miss Helen Goshi, Miss Clayborne Vaughan, Mrs. Lorraine Arakaki, and Mrs. Miriam Mukai.

* * *

The drive on Maui generated great enthusiasm among the members participating. Although there has been no count made as yet of the new members, the final results should show evidence of this all out effort.

Brochures, tags, and literature were also distributed at this time.

Professional Advancement Committee

Mrs. Gloria Foster and her committee are already busy preparing a guide to nursing brochure for all high school students. This printed counselling service will be issued to the prospective students of nursing during the early quarter of the school year.

Nurse Practice Act

President Michie Kamitaki appointed Mrs. Grace Lusby as chairman of the Nurse Practice Act Committee here on Maui. Also serving on this committee will be Miss Elizabeth McCall, Miss Eileen McHenry, Mrs. Agnes Gay, Mrs. Yukiko Higa, and Mrs. Laura Wong.

1959 MDNA Legislative Proposal

Already sowed are the seeds to attain legislative achievements to promote, protect, and assist standards of professional nurses. The Maui nurses are requesting the assistance of the Territorial Nurses' Association in securing an active member of the Maui District Nurses' Association to be represented on the Board of Trustees of the Maui Community Hospitals. This Board is presently composed of members who represent various organizations as stated in the Session Laws of Hawaii 1955, Act. 82.

* * *

After 12 years of nursing service on Maui, **Miss Marian Meseroll** and **Miss Charlotte Ringrose,** who are both presently on staff at Kula Sanatorium and loyal MDNA members, are departing for Canada. To these ladies who have done so much unselfishly, we express our best wishes on their new venture and *mahalo nui* for all the good work done in the past.

Mrs. Anna Simons Gillin (Los Angeles County Hospital) has announced her request for an early retirement in February, 1958, after serving 11 years as Dispensary Nurse for Maui Pineapple Company in Kahului, Maui. Previously, Mrs. Gillin was an Instructor-Supervisor at The Queen's Hospital in Honolulu, District Plantation Nurse and Office Nurse on Maui.

The nurses at Pioneer Mill Hospital in Lahaina are elated over their recently enforced 40-hour-a-week work schedule. Superintendent of Nurses **Mrs. Agnes Gay** also informed us that **Miss Lillian Arakaki** from St. Luke's Hospital in San Francisco is now a member of the nursing staff as well as the Maui District Nurses' Association. Welcome aboard, Lillian!

At Kula Sanatorium and General Hospital **Mrs. Elizabeth McCall,** Superintendent of Nurses, reported that **Miss Theresa Muller** is now the acting surgical nurse. (Welcome home!) Additions to the nursing staff are

Miss Lucy Fernandez, of Paia, Maui; **Miss Haruko Kakazu,** Kaneohe, Oahu; **Miss Maryann Compton,** Sweden; and **Miss Evelyn Hunter,** Vancouver General Hospital. The latter has done nursing in Alaska for several years. Aloha to you all.

Changes at Haliimaile Dispensary Nursing Staff include **Mrs. Alma Anton,** who has accepted the position of Dispensary Nurse at Maui Pineapple Company, Kahului, effective as of February 17, 1958, and **Mrs. Irene Moltazau,** who has joined them on a part-time basis.

OAHU

PRESIDENT: Mrs. Hazel Kim, St. Francis Hospital, Honolulu, Hawaii
SECRETARY: Miss Katsuko Takiguchi, Territorial Hospital, Kaneohe, Oahu
DATE OF MEETING: First Monday of the month.
TIME: 8:00 p.m.
PLACE: Mabel Smyth Memorial Building

Reports on the Roll Call

Attendance at our last NADO general membership meeting surpassed expectations with 120 members and guests. Appreciation for the efforts of participants during NADO Roll Call was shown by presentation of the following awards donated by local merchants:

1) Irene Takishima, chairman, received a Parker pen and pencil set from Sears Roebuck.
2) Phyllis Smith, captain for the Wahiawa-Waialua area, received a pair of earrings from Community Jewelry Shop for recruiting 16 new members.
3) Yukiko Kojiro and Jane Sato of Kuakini Hospital received gift certificates from Florence Uniform Manufacturers for recruiting 17 new members.
4) Charlotte Dennis of The Queen's Hospital received a pair of clinic shoes from Standard Shoe Store for being the captain of the team with the greatest number of nurses who have promised to join.
5) Doris Ojiri of Shriners' Hospital received a box of nurse's hose from Ritz Uniform Shop for being the captain of the team wtih the first 100 per cent membership.
6) Lois Doublet of the Office Nurses' Section received an aloha shirt from Russell's Sportswear for recruiting 14 office nurses.
7) Mamie Murakami of the Public Health Nurses' Section received a gift certificate from Goodwear Dress Shop for her diligent effort in getting 63 per cent of potential members in her section to enroll.
8) Aileen Tanabe, the 100th new member to join the Association, received an aloha shirt from Russell's Sportswear.
9) Charlotte Dennis and her team from The Queen's Hospital will receive a trophy for recruiting the most members and thus being the outstanding team.



Barbara Chang

ROLL CALL PARTICIPANTS

Active participants in the recent Nurses' Association, District of Oahu, Roll Call are: *First row, left to right:* Mrs. Phyllis Smith, Charlotte Dennis, Mrs. Jean Grippin (Co-chairman), Mrs. Lois Doublet, Mamie Murakami; *second row, left to right:* Mrs. Esther Wagner, Hannah Richards, Elsie Park, Loretta Schuler, Mrs. Ruth Thurman, Irene Takishima (Chairman), Yukiko Kojiro and Mrs. Pearl Ulukou.

Mrs. Ruth Uyechi, chairman of the Prizes and Awards Committee, and Mrs. Jean Grippin were responsible for making the difficult decisions regarding who should be awarded. Kudos should also go to the Publicity Chairman, Loretta Schuler; Prospect Co-chairmen, Sumiko Henna and Mrs. Esther Wagner, and Materials Chairman, Olga Frojen.

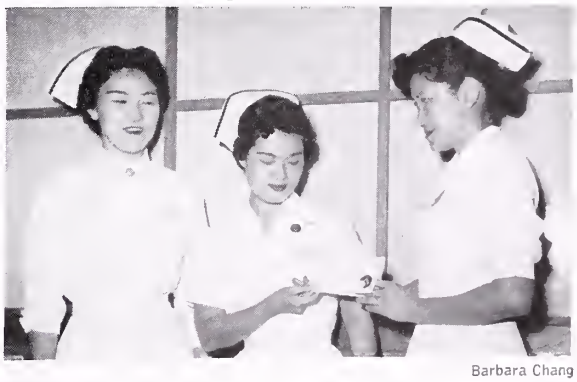
Many of the nurses actively participating in this campaign expressed a deep sense of personal satisfaction in being able to promote greater understanding of the aims of our association among professional members. The experience of contacting nurses enabled them to renew acquaintances as well as to meet new friends and was enjoyable as well as rewarding.

Following the recognition of the teams, committee chairmen, and newly recruited members, Virginia Jones gave an interesting lecture on her impressions of the four-year collegiate program at the Taiwan University.

* * *

Mrs. Harriet S. Tonaki, a graduate of University of Hawaii and The Queen's Hospital School of Nursing, has been appointed Director of Nurses at Kuakini Hospital.

Our fondest Aloha and best wishes to **Mrs. Doris Beccio,** Education Director of Nursing at The Queen's Hospital School of Nursing and Associate Editor of the INTER-ISLAND NURSES' BULLETIN. Mrs. Beccio left for California March 1 to join her husband at the Naval Air Station in Alameda. We will miss her active participation in professional organization.



Barbara Chang

100TH NEW MEMBER

Congratulations go to Aileen Tanabe, a 1957 graduate of The Queen's Hospital School of Nursing, who became the 100th new member of the Nurses' Association, District of Oahu, during Roll Call drive. Pictured presenting Miss Tanabe with information pertaining to ANA is Mrs. Hazel Kim, president of NADO, and looking on is Irene Takishima, Roll Call chairman.

BUREAU OF MEDICAL ECONOMICS

(Continued from page 361)

chologist, and diplomat extraordinary. (Versatile, aren't you?) Her daily activities may include:

1. Supervising the reception room, greeting, dealing with, and dismissing patients.
2. Answering the telephone.
3. Scheduling appointments.
4. Handling the doctor's correspondence.
5. Keeping medical histories and routine information up to date, correctly filed, and readily available.
6. Billing and collecting medical accounts; maintaining the doctor's financial records.
7. Carrying out other secretarial duties, such as typing manuscripts and keeping track of engagements.

Sometimes the doctor's secretary is asked to assist in some of the simpler clinical office procedures. Special training is required to carry out these duties independently. If your doctor asks your assistance, make an intensive study of the procedure and its methods. Remember that watchwords in the doctor's office are attention to details and unfailing vigilance. Carelessness in the doctor's office could result in real harm to the patient. A good memory and a large supply of memo pads will help you keep track of office details. Write down all messages. "I forgot" can be tragic words in the doctor's office.

You will probably assume more responsibility than other secretaries in the business world. The doctor is a busy man—he depends upon you to manage the everyday affairs of his office. To do your work in the most competent manner you must lay out a program that best fits the circumstances in your office. One sure rule is to plan to do typing and work requiring concentration before the patients arrive. The patients themselves will require your full attention.

RICHARD M. KENNEDY
Executive Secretary

COUNTY SOCIETY REPORTS

(Continued from page 366)

gives the recipient a stature of integrity and he is accepted as being of good moral character by the public. If these stamps of approval or memberships are given out lightly and to all comers, then they lose their effectiveness and in the eyes of the community all members take on the hue and deficiencies of the worst of their group.

What we do here tonight will undoubtedly soon become public knowledge and whether we lose or gain respect in the eyes of the community, the members of which are incidentally our patients, will depend on our decision—be it forthright or evasive. This is the first time, in my memory as a local physician, that such a problem has been placed before the membership of this Society. The records show, however, that action has been taken against members several times in the past. Previously such actions were taken because of the unprofessional conduct of a member. The case we have to deal with tonight is different in that the offense is chiefly civil in nature instead of professional. Tonight we will deal with one of several similar cases which are to follow during the next months. These cases might be classed under the heading of misappropriation of funds through the falsification of medical plan claim forms for services rendered.

TAKE A LOOK AT
NEW DIMETANE
THE UNEXCELLED
ANTIHISTAMINE

In order that the members present would have a better understanding of the facts, he reviewed from the beginning the circumstances surrounding the case. He then read letters and recommendations of the HMSA Medical Committee to the Medical Practice Committee of the Medical Society; from the Medical Practice Committee to the Board of Censors; and from the Board of Censors to the Board of Governors, who upheld the recommendation of the Board of Censors, which recommendation was now awaiting action by the membership. The Board of Censor's recommendation was that "Dr. Amlin be suspended from the Honolulu County Medical Society for a period of six months." After giving an explanation of the words suspension and expulsion, Dr. West then opened the meeting to the membership for questions and discussion.

Dr. Faus stated that, as Medical Director of HMSA, he went to see Dr. Amlin in May, 1956, and called to his attention the fact that he had large family utilization and excessive number of visits for treating minor illnesses. For a period of time, the situation seemed to improve a little. However, it was necessary to visit Dr. Amlin again following a complaint of a member who stated that he went to Dr. Amlin's office for only one visit and was charged for five or six visits. At this time Dr. Amlin's clinical records were checked and it was quite obvious upon examination of the records that for a single visit for a common cold, two or three visits were being added. After a thorough check, and when confronted with the figures, Dr. Amlin made immediate restitution of $5,476.00.

Dr. Felix expressed the opinion that inasmuch as Dr. Amlin has admitted his guilt and has made complete restitution, and in considering the extenuating circumstances and the fact that he might be sentenced to prison, coupled with the embarrassment that he is going through with his fellow colleagues, he would therefore like to move that the report of the Board of Censors be accepted without any suspension or expulsion. There was no second to this motion.

Another member stated that we should not let the fact that Dr. Amlin has paid back the money interfere with our decision—for any crime we should have variations of punishment available. He then moved that the individual concerned be expelled from the Society. The motion was seconded.

Dr. West announced that no matter what action is taken by the Society tonight, the name of the doctor involved will not be disclosed to the public or the press.

A vote on the question was then held by secret ballot. Drs. Caver, Batten, and Gulledge were appointed tellers by Dr. West. After a count of the ballots, it was announced by Dr. West that the motion was carried by a vote of 104 in favor and 31 against, of a total of 135 ballots. 101 votes were necessary to make it 75 per cent of those present and voting. He then stated that the Society had voted to expel Dr. Amlin.

A progress report on Operation Hypo was made by Dr. Varian Sloan, newly appointed chairman of the Public Service Committee. He stated that Phase II will probably continue on to the middle of February, at which time the committee will then go into Phase III.

There being no further business the meeting was adjourned to the lanai where refreshments were served.

H. Q. PANG, M.D.
Secretary

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Vitamin B_{12} Crystalline	25 mcgm.
Thiamine Mononitrate (B_1)	10 mg.
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(Continued from page 365)

Evangelists, and prior to entering the armed services was instructor of OB-GYN at Loma Linda.

Dr. Bernard J. B. Yim is now practicing internal medicine at the Alexander Young Building. Dr. Yim is from the University of Rochester School of Medicine, and was a Fellow in Cardiology at Strong Memorial Hospital. He also did work at the University of California, San Francisco.

The Newest of the New

Candidates certified eligible for licensure on January 13 and 14, 1958, were: **Mario P. Bautista, M.D.,** University of Santa Tomas, 1943; **Raymond G. Chang, M.D.,** University of Pennsylvania, 1946; **Charlotte Curtiss, M.D.,** Western Reserve University, 1953; **Joeli Udasco Espejo, M.D.,** University of Santa Tomas, 1946; **Teodora Fidelino-Avecilla, M.D.,** University of Philippines, 1937; **James Pierson Frackelton, M.D.,** Western Reserve University, 1954; **Jens David Henriksen, M.D.,** University of Copenhagen, 1938; **Richard B. Joseph, M.D.,** University of Kansas, 1956; **Philip J. W. Lee, M.D.,** Creighton Medical School, 1951; **Frederick Leet Reichert, M.D.,** Johns Hopkins, 1920; **Ewart Sproat Sarvis, M.D.,** University of Toronto, 1922; **Edna W. Schrick, M.D.,** Washington University, 1934; **Calvin Chia Jung Sia, M.D.,** Western Reserve University, 1955; **Clare Sprague, M.D.,** Stanford, 1955; **Henrietta Tompkins, M.D.,** University of Southern California, 1944; **Yoshiki Ushiyama, M.D.,** Tokyo Jikeikai Medical College, 1951; **Adrian Verwoerdt, M.D.,** Amsterdam University Medical School, 1952, and **Daniel Yuzon, M.D.,** University of Oregon, 1956.

We Beg Your Pardon

In the last issue of the JOURNAL there appeared a list of hotel physicians. Physicians for the Halekulani Hotel are **Drs. ROBERT Bell, Edward Boone,** and **George Mills.**

International Relations

Promoter:

Dr. Fred Lam, Sr., has returned from an extensive tour of the Orient. While there he attended the Post-Convention sessions of the Pan-Pacific Surgical Society. He also represented the Board of Regents of the University of Hawaii in the development of an exchange program for University Faculty members. He visited leaders in the fields of education in Japan, Nationalist China, Philippines, Hong Kong, Singapore, Australia, and New Zealand. He also had tea with the Generalissimo and Madame Chiang Kai-Shek.

Honored:

The Pacific and Asian Affairs Council at its 1958 annual meeting presented the Pacific House Citation for outstanding contribution by a citizen of Hawaii to relations between the people of the United States and the people of Asia and the Pacific to **Dr. Richard K. C. Lee,** President of the Territorial Board of Health, for his work as U. S. member, Western Pacific Committee of the World Health Organization.

(Continued on page 382)

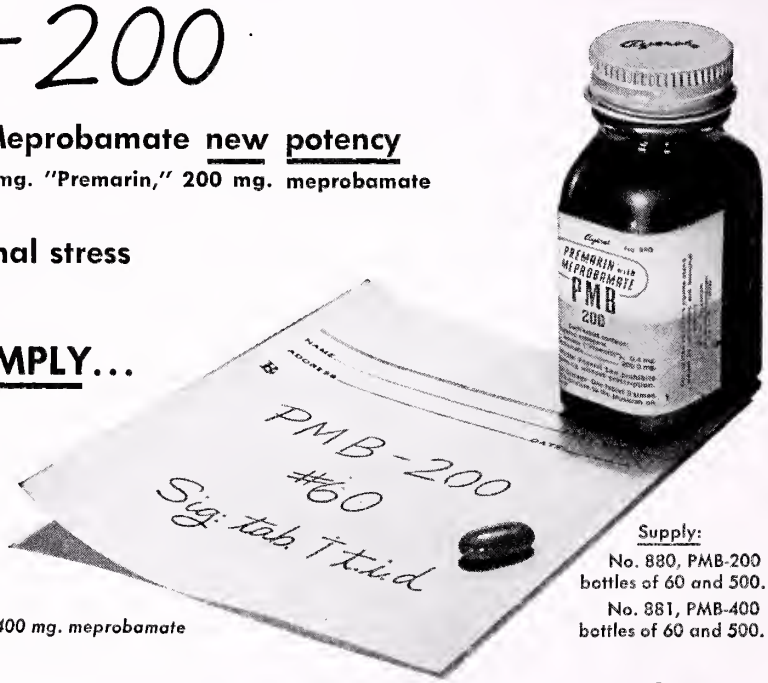
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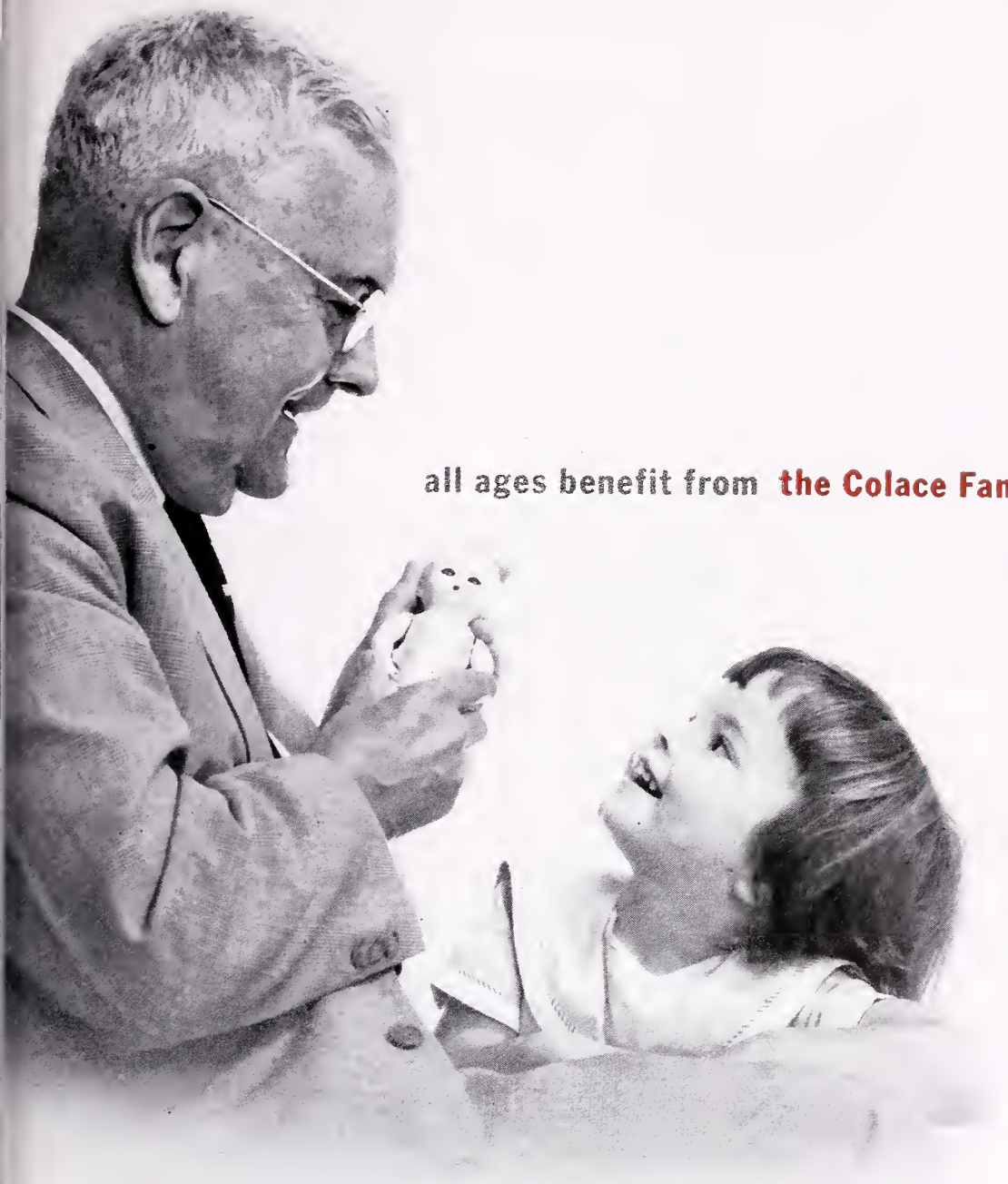
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NOTES AND NEWS

(Continued from page 380)

Speaking of Awards

The Territorial Hospital at Kaneohe has been granted $110,000 by the National Institute of Mental Health for training of psychiatrists. $22,000 a year will be available for five years.

Hospital Contest?

The Kaiser Foundation Hospital, a 10-story, $4,000,000 enterprise, is well under way.

The Queen's Hospital received a building permit for $2,546,000 additions.

Calorie Counters

Dr. Herbert Pollack, nationally noted authority on nutrition, is here for a research project on the relationship between diet and heart disease. He is under the sponsorship of the Hawaii Heart Association. Dr. Pollack did a similar project on Formosa several years ago.

In the January, 1958, issue of the *Annals of Internal Medicine* was a report by **Dr. N. P. Larsen** and others entitled "Lessons from Serum Cholesterol Studies in Japan, Hawaii, and Los Angeles."

Army Officer

Dr. Archie Chun-Ming, vice-president of the Reserve Officers Association for Hawaii, attended the National Military Industrial Conference in Chicago.

Public Health Service Officers Visit

Dr. Ralph B. Hogan, who is in charge of the laboratory branch of the Communicable Disease Center, and **Dr. Morris Schaeffer,** head of the virus and rickettsia section of the P.H.S. Laboratory were visitors to Hawaii in February.

NEWS

Here's Convention—Let's Travel

The Fifth International Congress on Diseases of the Chest, sponsored by the American College of Chest Physicians, will be held in Tokyo, Japan, September 7-11, 1958. The Congress will be presented under the Patronage of the Government of Japan and the Japan Science Council. The Congress has been endorsed by the Japan Medical Association. Eminent scientists from countries throughout the world will participate in the discussions, which will be simultaneously interpreted into the three official languages for the Congress, i.e., Japanese, French

(Continued on page 384)



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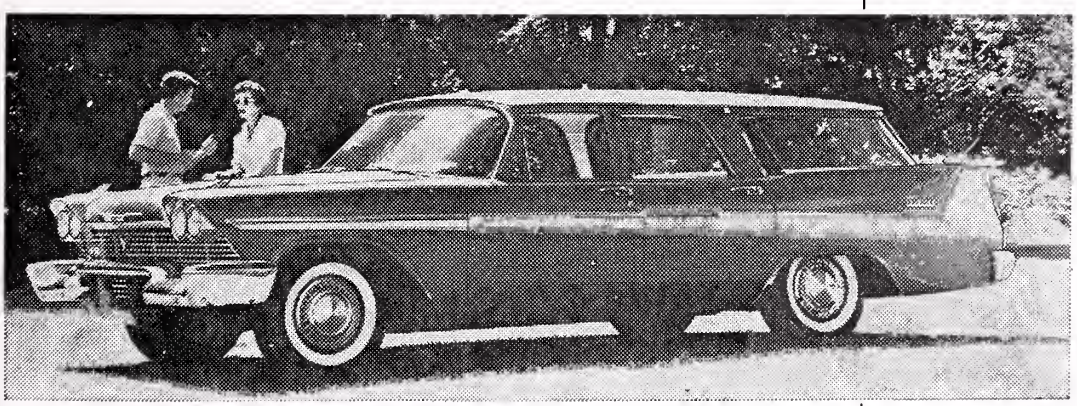
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NOTES AND NEWS

(Continued from page 382)

and English. There will also be scientific and commercial exhibits and visits to various medical institutions and hospitals in Japan. A special program is being planned for the ladies.

Hawaii Science Fair

The Hawaiian Academy of Science is sponsoring the First Annual Hawaii Science Fair scheduled for April 11 to 13. A competition for the best science exhibits, open to all students of public and private secondary and intermediate schools, will be held at Fort De Russy. The two top winners will go on to compete at the National Science Fair at Flint, Michigan.

The cost of running this Fair is estimated at $7,000.00 and the Committee in charge of Community Participation is asking for contributions, which are tax deductible. They are also asking for assistance in preparing exhibits, serving as judges, and in the actual setting up and supervising of the Fair. The Hawaii Medical Association is one of the affiliated societies of the Hawaiian Academy of Science and our members are urged to contact Dr. Clarence E. Fronk, who can tell them in what manner they can help promote this worthwhile project.

Foreign Medical Graduates

After almost three years of planning, the Educational Council for Foreign Medical Graduates opened its doors on October 1, 1957.

This council, under the direction of Dr. Dean F. Smiley will distribute to foreign medical graduates around the world authentic information regarding the opportunities and difficulties involved in coming to the United States. It will make available to properly qualified foreign medical graduates, while still in their own country, a means of obtaining ECFMG certifications. It will provide hospitals, state licensing boards. and specialty boards the results of their three-way screening. It will not serve as a placement agency nor will it attempt to evaluate the teaching program of any foreign medical school.

The ECFMG's Examination Committee will select the items for the two examinations a year. Examination centers will use as many of the 50 established examination centers as are needed, and if there are five or more candidates in Hawaii who are interested in taking the September 23, 1958, examination, arrangements can be made to set up an examination center here.

Further information and financial details may be obtained by writing ECFMG at 1710 Orrington Avenue, Evanston, Illinois.

Workshop for Tuberculin Testing

The Territorial Tuberculosis Advisory Committee, in conjunction with the Oahu Tuberculosis and Health Association, will sponsor a workshop for doctors and their nurses and assistants during the Hawaii Medical Association Annual Meeting in May.

The purpose of the workshop is to demonstrate proper administration and interpretation of the tuberculin test which is becoming an increasingly important office procedure. Further details will appear in the program.

Psychiatric Speakers Available

The General Practitioner Education Project, jointly sponsored by the American Psychiatric Association and the American Academy of General Practice, is interested in the development of postgraduate psychiatric education

(Continued on page 386)

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Ford, R.V., and Moyer, J.H.: Rauwolfia Toxicity in the Treatment of Hypertension: Some Observations on Comparative Toxicity of Reserpine, a Single Alkaloid, and Alseroxylon, a Compound Containing Multiple Alkaloids, Postgrad. Med., January, 1958.



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NOTES AND NEWS

(Continued from page 384)

for the family physician. One of the services which is offered by the Project is a Speakers Bureau, which is prepared to offer names of psychiatrists who are willing to serve as guest lecturers while they are taking their vacation trips. Medical societies, hospitals, etc., which are interested in obtaining names of psychiatric speakers, please contact the G. P. Project, American Psychiatric Association, 1785 Massachusetts Avenue, N.W., Washington, D. C.

Postgraduate Session

The Trudeau School of Tuberculosis and Other Pulmonary Diseases, which will hold its Forty-third Session from June 2 to 20, 1958, at Saranac Lake, continues to provide a unique opportunity for training in the field of chest diseases. This annual postgraduate course, conducted under the auspices of the Trudeau Foundation and supported by the Hyde Foundation, is able to provide outstanding instruction at a minimal tuition of $100.00 for a three-week session. Attendance at the Trudeau School carries with it some distinction as well as a thorough review for specialization in pulmonary diseases or for work in public health involving tuberculosis.

All inquiries should be addressed to the Secretary, Trudeau School of Tuberculosis and Other Pulmonary Diseases, Box 500, Saranac Lake, N. Y.

BOOK REVIEWS

(Continued from page 362)

various authors are short, concise, and without the usual verbosity and, since they reflect the views of those who command respect, are well worth reading. It is a book worthy of space on the library shelf of any general surgeon.

JOSEPH STRODE, M.D.

An Introduction to Electrocardiography

By L. Schamroth, M.B., B.Ch. (Rand), M.R.C.P.E., F.R.F.P.S., 60 pp., $2.50, Charles C. Thomas, 1957.

This excellent monograph presents in a simplified way the basic principles of electrocardiography. It is designed to give to the student or general practitioner a clear-cut introduction into this complex subject. The author avoids all controversial issues and adheres strictly to basic principles that are easily understood.

This book consists of only 60 pages, including the index. It is well written and equally well illustrated.

HENRY C. GOTSHALK, M.D.

Women Doctors of the World

By Esther Pohl Lovejoy, M.D., 413 pp., $5.95, The Macmillan Company, 1957.

This is a well written history of the role of women in medicine in the past century by a woman who has herself been a part of that history and has known personally many of those of whom she writes. The book is well documented and filled with illustrations that give

(Continued on page 388)



RESUSCITATION FOR CARDIAC ARREST

by Claude S. Beck, M.D.

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BOOK REVIEWS

(Continued from page 386)

one the feeling that the author has made a great effort to make this an authentic record. The subject covered will have limited interest but for those who are interested, I think they will find it good reading.

C. M. FLORINE, M.D.

Clinical Pathology Data

Compiled by C. J. Dickinson, B.A., B.SC., B.M., M.R.C.P., 91 pp., $4.00, Charles C. Thomas, 1957.

I have spent considerable time looking over this little book of some 91 pages, and have been impressed enough to order one for myself. It lists in tabular form all of the procedures commonly performed in clinical pathology laboratories, as well as many which are done rarely, giving normal values and conditions in which the substance being tested is increased or decreased. Brief statements on the interpretation of laboratory tests are frequently included. Eleven commonly performed tests, regarded as unnecessary by the author in the majority of instances, are discussed briefly (the inclusion of blood cholesterol here is questionable), and there is a short section on the technique of performing certain of the simpler laboratory procedures. Clinicians sometimes call me wanting to know the normal values for such things as 5-hydroxyindole acetic acid in the urine, and this book will provide a ready answer—no doubt to the surprise and consternation of my clinical colleagues.

I. L. TILDEN, M.D.

(Continued on page 397)

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Rutin	10 mg.	Niacinamide	20 mg.
Ascorbic Acid	30 mg.	Manganese	1 mg.
B-12	1 mcg.	Magnesium	5 mg.
Molybdenum	0.5 mg.	Iodine	0.15 mg.
Cobalt	0.1 mg.	Potassium	2 mg.
Copper	0.2 mg.	Zinc	1 mg.
Vitamin A	5,000 I.U.	Choline Bitartrate	40 mg.
Vitamin D	400 I.U.	Methionine	20 mg.
Vitamin E	1 I.U.	Inositol	20 mg.
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*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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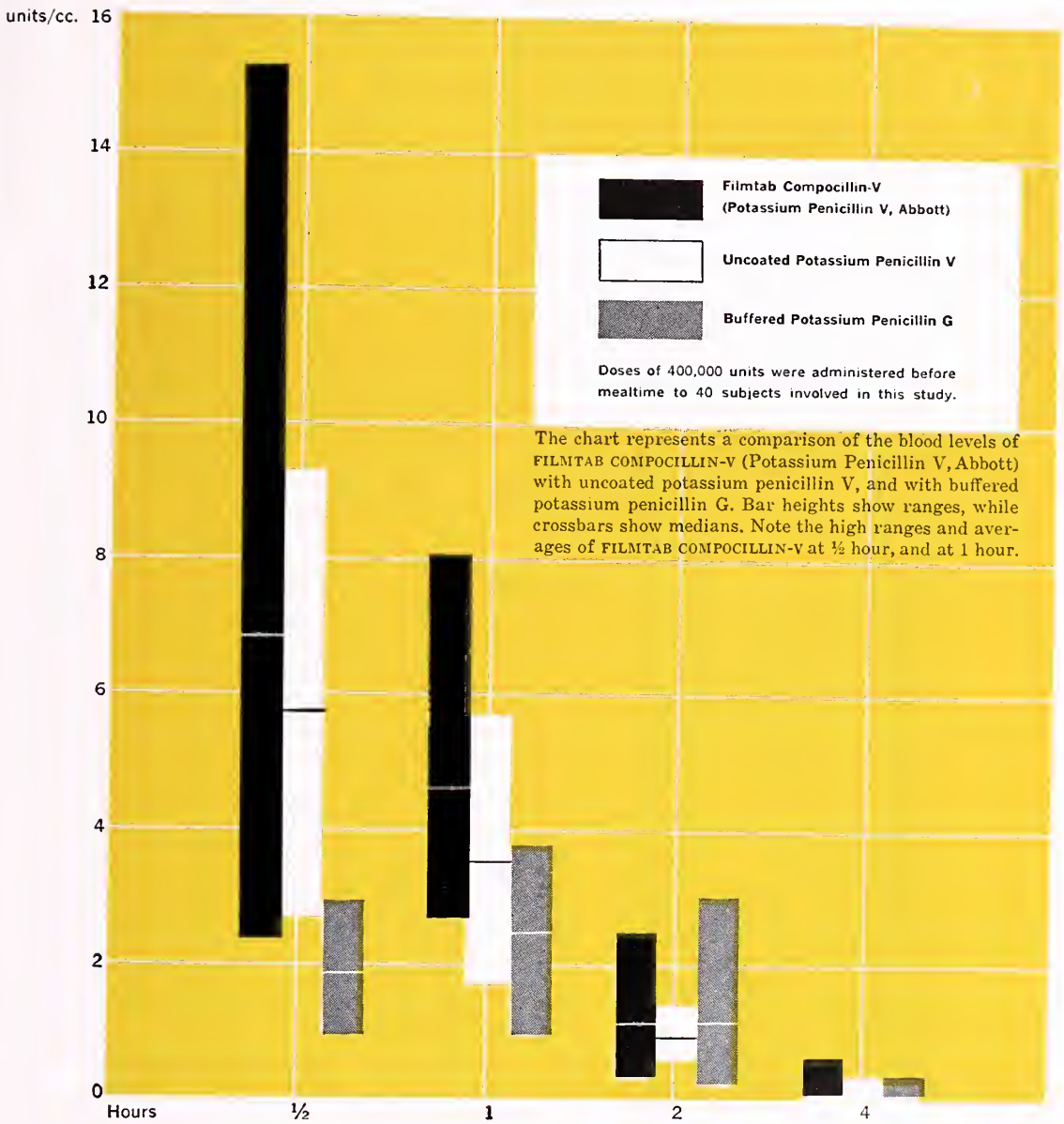
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Filmtabs COMPOCILLIN-V (Potassium Penicillin V, Abbott) come in 125 mg. (200,000 units), bottles of 50; and in 250 mg. (400,000 units), bottles of 25. Oral Suspension COMPOCILLIN-V (Hydrabamine Penicillin V, Abbott), contains 180 mg. per 5-cc. teaspoonful, in 40-cc. and 80-cc. bottles.

THE HIGHER BLOOD LEVELS OF COMPOCILLIN-V
—IN EASY-TO-SWALLOW FILMTABS AND TASTY, ORAL SUSPENSION



The chart represents a comparison of the blood levels of FILMTAB COMPOCILLIN-V (Potassium Penicillin V, Abbott) with uncoated potassium penicillin V, and with buffered potassium penicillin G. Bar heights show ranges, while crossbars show medians. Note the high ranges and averages of FILMTAB COMPOCILLIN-V at ½ hour, and at 1 hour.

Now, with *Filmtab* COMPOCILLIN-V, patients get (and within minutes) fast, high penicillin concentrations. Note the blood level chart.

COMPOCILLIN-V is indicated whenever penicillin therapy is desired. It comes in two highly-acceptable forms. *Filmtab* COMPOCILLIN-V offers two therapeutic dosages (125 and 250 mg.). Patients find *Filmtabs* tasteless, odorless and easy-to-swallow. For children, COMPOCILLIN-V comes in a tasty, banana-flavored suspension. It's ready-mixed – stays stable for at least 18 months.

Abbott

Spontin®

(Ristocetin, Abbott)

and when coccal infections hospitalize the patient



802070

Indications

SPONTIN is indicated for treating gram-positive bacterial infections. Clinical reports have indicated its effectiveness against a wide range of staphylococcal, streptococcal and pneumococcal infections. It can be considered a drug of choice for the immediate treatment of serious infections caused by organisms resistant to other antibiotics.

Dosage

Recommended dosage depends on the sensitivity of the microorganism and on the severity of the disease under treatment. For pneumococcal and streptococcal infections, a dosage of 25 mg./Kg. per day will usually be adequate. Majority of staphylococcal infections will be controlled by 25 to 50 mg./Kg. per day. However, in endocarditis due to relatively resistant strains or where vegetations or abscesses occur, dosages as high as 75 mg./Kg. per day may be used. It is recommended that the daily dosages be divided into two or three equal parts at eight- or twelve-hour intervals.

Supplied

SPONTIN is supplied as a sterile, lyophilized powder, in vials representing 500 mg. of ristocetin activity.

A LIFESAVING ANTIBIOTIC AFTER OTHER ANTIBIOTICS HAD FAILED



SPONTIN comes to the medical profession with a clinical history of dramatic results — cases where the patients were given little chance of survival.

During these careful, clinical investigations, lives were saved after weeks (and sometimes months) of antibiotic failures. These were the cases where the infecting organisms had become resistant to present-day therapy. And, just as important, were the good results found against a wide range of gram-positive coccal infections.

Essentially, SPONTIN is a drug for hospital use, for patients with potentially dangerous infections. In its present form, SPONTIN is administered intravenously using the drip technique. Dosage may be dissolved in 5% dextrose in water or in any isotonic or hypotonic saline solution. Some of the important therapeutic points of SPONTIN include:

1. successful short-term therapy for acute or subacute endocarditis
2. new antimicrobial activity — no natural resistance to SPONTIN was found in tests involving hundreds of coccal strains
3. antimicrobial action against which resistance is rare — and extremely difficult to induce
4. bactericidal action at effective therapeutic dosages.

SPONTIN is truly a lifesaving antibiotic. It could save the life of one of your patients — does your hospital have it stocked?

Abbott

Lo Fat - Hi Protein - Lo Cost

Dairymen's fresh-creamed cottage cheese



...made delicious with fresh country cream!

A generous portion of pure, fresh cream is poured over our cottage cheese just before it's delivered to your favorite store. This wonderful cream makes the cheese moist and adds a new, elegant flavor. We don't mind saying it's the best tasting Cottage Cheese you've ever tasted.

Low calorie-high protein

Dairymen's MILK AND ICE CREAM

Quality Products

ORTHO'S

MOST SPERMICIDAL CONTRACEPTIVE



maximum concentration of a new, most potent, well tolerated spermicide– effective and acceptable

"In our opinion, the new contraceptive cream [DELFEN vaginal cream], when used alone, is highly spermicidal, and a satisfactory method of conception control. Its relative simplicity makes it very acceptable to the patient."

Ortho

Behne, D.; Clark, F.; Jennings, M.; Pallais, V.; Olsan, H.; Wolf, L., and Tyler, E. T.: West. J. Surg. 64: 152, 1956.

Composition: nonylphenoxypolyethoxyethanol 5% in an oil-in-water emulsion at pH 4.5.

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. . . a truly modern nonfat dry milk offering new help to the physician in the management of many special dietary problems



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Its exclusive instantizing (mixes faster than you can stir) and its superior flavor make it more acceptable to the patient than nonfat dry milk has ever been before.

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Pet Milk Company is proud to introduce new PET *Instant* to the medical profession.

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NEW PET INSTANT
NONFAT DRY MILK

Copr., 1958, Pet Milk Co.

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BOOK REVIEWS

(Continued from page 388)

The Surgical Management of Pulmonary Tuberculosis

Edited by John D. Steele, M.D., 213 pp., $9.50, Charles C. Thomas, 1957.

This 200-page volume is the first publication in the John Alexander monograph series. Future publications are expected. The contributors are limited to former residents of Dr. Alexander. This series is being published in place of the publication of a manuscript on the same subject which Dr. Alexander had not finished at the time of his death.

It deals with the historical development of surgical treatment of pulmonary tuberculosis. It contains photographs of the pioneers in this field, which Dr. Alexander had been collecting. It is of interest that, in addition to Dr. Alexander, the only American photograph is that of Dr. Samuel Freedlander.

The various contributors deal with the surgical and also the chemical therapy of pulmonary tuberculosis. The actual meat of these papers has been available in journal literature for some years and nothing really new is presented. Young surgeons contemplating thoracic surgical boards will find it very good preparation for such an examination. Other surgeons and physicians working in tuberculosis will find it valuable as a condensation of modern thought in the treatment of this disease.

PAUL W. GEBAUER, M.D.

Current Therapy, 1957

Edited by Howard F. Conn, M.D., 731 pp., price $11.00, W. B. Saunders Co., 1957.

"Current Therapy, 1957," serves a most useful purpose of keeping the practitioner up to date on specific treatment measures for virtually all the common diseases. Such measures are not necessarily new, but include those which the 304 contributors believe to be the most effective. In diseases where several methods of treatment prevail, opinions are presented by more than one author.

With the present rapid pace of the introduction of new drugs, the average practitioner may find it difficult to keep up with reports of their efficacy, side reactions, and toxic symptoms. "Current Therapy" serves as a ready reference in this regard.

There are several useful appendices such as "normal laboratory values," and "active ingredients in various commercial products." The latter would be of great value in cases of overdosage, sensitivity reactions, or accidental ingestion.

CHEW MUNG LUM, M.D.

A Synopsis of Otorhinolaryngology

By John F. Simpson, F.R.C.S., Ian G. Robin, F.R.C.S., and J. Chalmers Ballantyne, F.R.C.S., 443 pp., $8.50, John Wright and Sons Ltd., Bristol, 1957.

This small, almost pocket edition includes a wealth of material which must have been taken from a good

(Continued on page 401)

when anxiety and tension "erupts" in the G. I. tract...

IN GASTRIC ULCER



PATHIBAMATE*

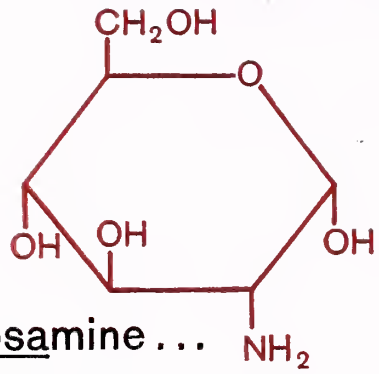
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Combines Meprobamate (*400 mg.*) the most widely prescribed tranquilizer . . . helps control the "emotional overlay" of gastric ulcer — without fear of barbiturate loginess, hangover or habituation . . . *with* PATHILON (*25 mg.*) the anticholinergic noted for its extremely low toxicity and high effectiveness in the treatment of many G.I. disorders.

Dosage: 1 tablet t.i.d. at mealtime. 2 tablets at bedtime. *Supplied:* Bottles of 100, 1,000.

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In the search for the ideal antibiotic-enhancement agent, Pfizer had three requirements to fill: (1) the adjuvant had to produce significantly higher antibiotic blood levels, (2) it had to achieve these higher blood levels consistently from patient to patient, (3) the adjuvant itself had to be perfectly safe to use.

Enhancement studies involving 84 adjuvants (including sorbitol, citric acid, sodium hexametaphosphate, and other organic acids and chelating agents, as well as phosphate complex and other analogs), and 30,000 blood level determinations revealed glucosamine as the enhancement agent of choice. Not only did glucosamine considerably increase antibiotic blood levels, but it produced these higher blood levels more consistently in crossover tests. And, importantly, glucosamine has no adverse effect in the human body.

Glucosamine is a normal physiologic metabolite that is found widely in the human body. Glucosamine does not irritate the gastrointestinal tract; it is sodium free and releases only four calories of energy per gram. Further, there is evidence that glucosamine may influence favorably the bacterial flora of the intestine.

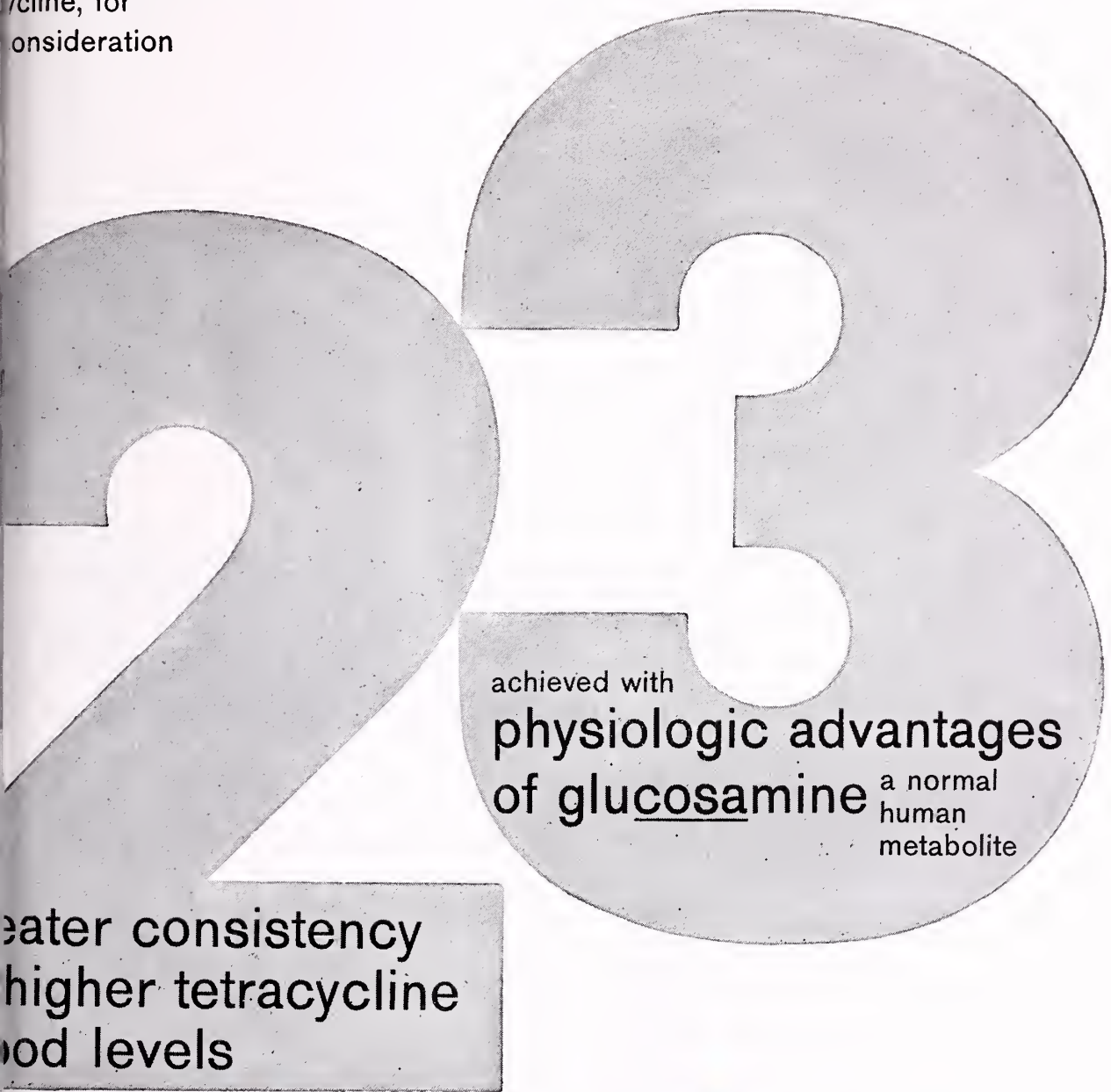
faster absorption, higher tetracycline blood levels

new well-tolerated

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higher tetracycline
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Squibb Quality—the Priceless Ingredient

'KENACORT' IS A SQUIBB TRADEMARK

(Continued from page 397)

many up-to-date ear, nose, and throat text books. It is an excellent book for the student who contemplates the study of otolaryngology. It is likewise excellent for the general practitioner who, if isolated, has a now ready reference to diagnosis and some treatment. It is also a book that the qualified otolaryngologist could well keep at his finger tips for steady reference. Surgery is not its forte, but mention is made of many surgical procedures which can be looked up in detail in other places. The sketches are mostly primitive, which is good, because they do not go into a lot of fancy detail overlooking the essential points. The context being outline in form makes for ready references without having to finger through a lot of unnecessary details. I believe the neophyte and the seasoned practitioner will find this a book they will be glad to keep at their elbow for ready reference.

THOMAS W. COWAN, M.D.

Bone Diseases in Medical Practice

By I. Snapper, M.D., 229 pp., $15.00, Grune & Stratton, Inc., 1957.

This is a broad survey of the subject which will probably best serve the function of introducing a reader to the one particular problem in which he is interested. The references are adequate in this respect. Dr. Snapper's final chapter on Differential Diagnosis serves well as a summary. The roentgenograms have been presented by the gravure method.

Certain shortcomings may include only brief comments on bone physiology, an inconsistency in style and format of presenting a subject which makes reading somewhat difficult, and perhaps an imbalance in the amount of space allotted to certain diseases.

BERNARD J. B. YIM, M.D.

The Story of Peptic Ulcer

Conceived by Richard D. Tonkin, M.D., F.R.C.P., 71 pp., $2.25, W. B. Saunders Company, 1957.

This is an excellent book, which should be recommended by every physician to his ulcer patients. It covers the salient points of our present knowledge of the etiology and physiology of peptic ulcers and, in the second portion, covers the important points of treatment in a very common-sense manner.

The book is interestingly illustrated with cartoons and can be equally enjoyed by any class of laymen. This is a treatise which has long been needed and follows the trend of literature of Osborn.

L. CLAGETT BECK, M.D.

Also Received

The Surgical Clinics of North America

October, 1957, W. B. Saunders Company.
Symposia on endoscopy and drug hazards.

Roots of Modern Psychiatry

By Mark D. Altschule, M.D., 184 pp., $5.75, Grune & Stratton, Inc., 1957.

Of interest to psychiatrists particularly.

(Continued on page 408)

when anxiety and tension "erupts" in the G. I. tract...
IN DUODENAL ULCER



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Meprobamate with PATHILON® Lederle

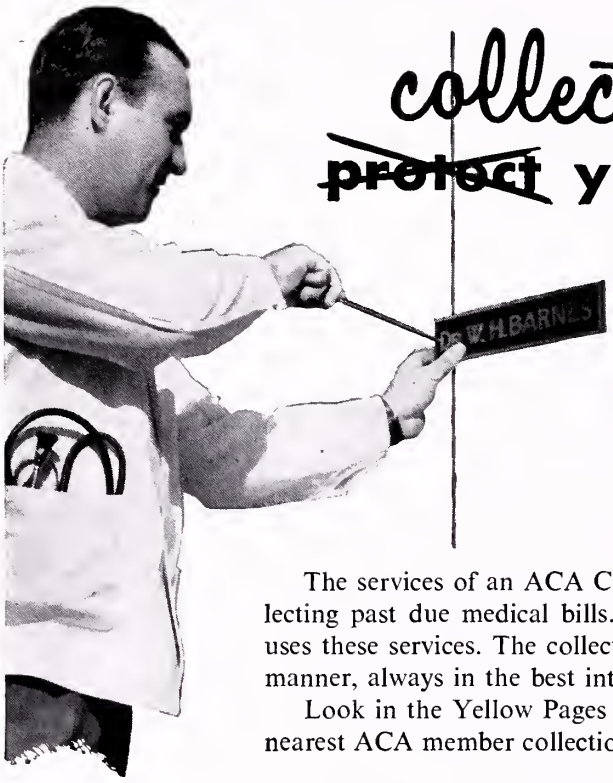
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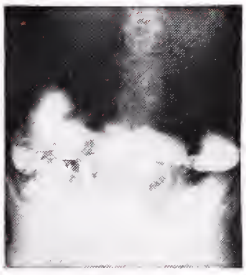
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when anxiety and tension "erupts" in the G. I. tract...

IN ILEITIS



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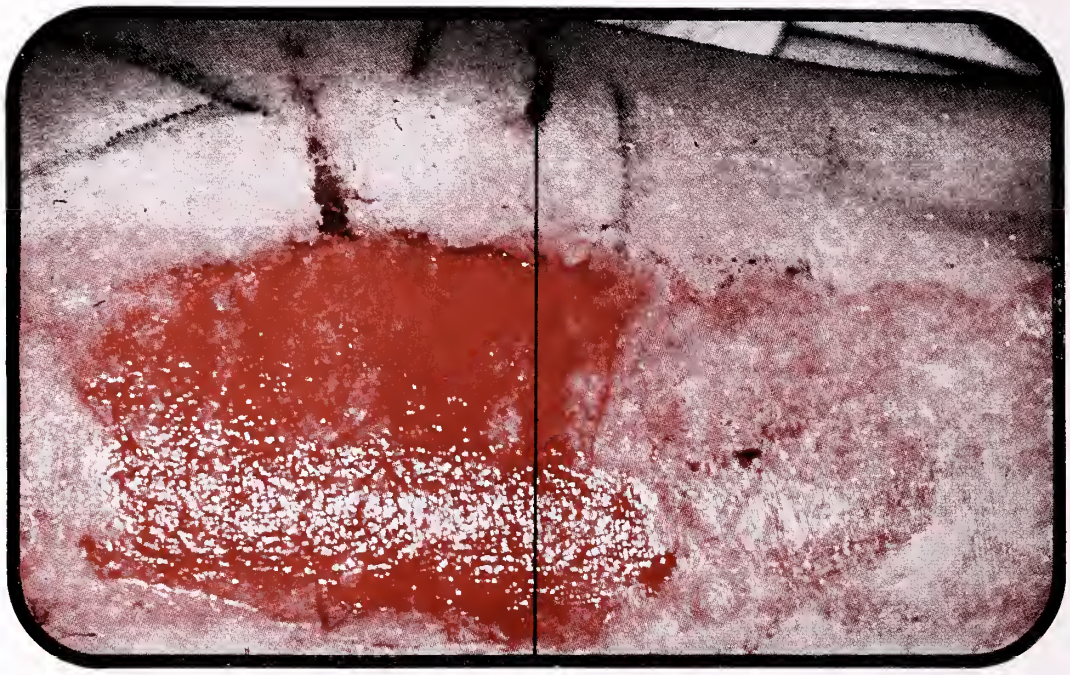
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Jeffords, J. V., and Hagerty, R. F.: Ann. Surg. *145*:169, 1957.

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the broad-range bactericide that is *gentle to tissues*

spread FURACIN Soluble Dressing: FURACIN 0.2% in water-soluble ointment-like base of polyethylene glycols.

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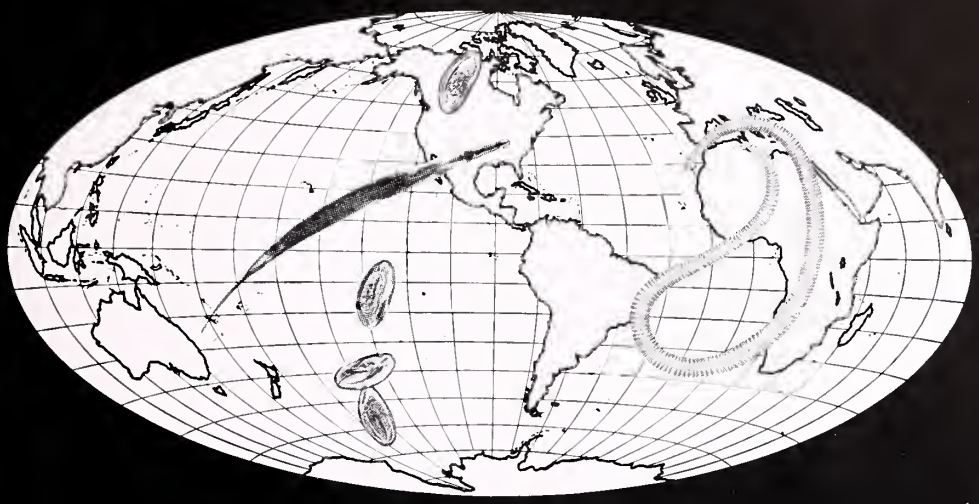
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A versatile, well-balanced formula capable of modifying the course of common upper respiratory infections . . . particularly valuable during respiratory epidemics; when bacterial complications are likely; when patient's history is positive for recurrent otitis, pulmonary, nephritic, or rheumatic involvement.

Adult dosage for ACHROCIDIN Tablets and new caffeine-free ACHROCIDIN Syrup is two tablets or teaspoonfuls of syrup three or four times daily. Dosage for children according to weight and age.

Available on prescription only.

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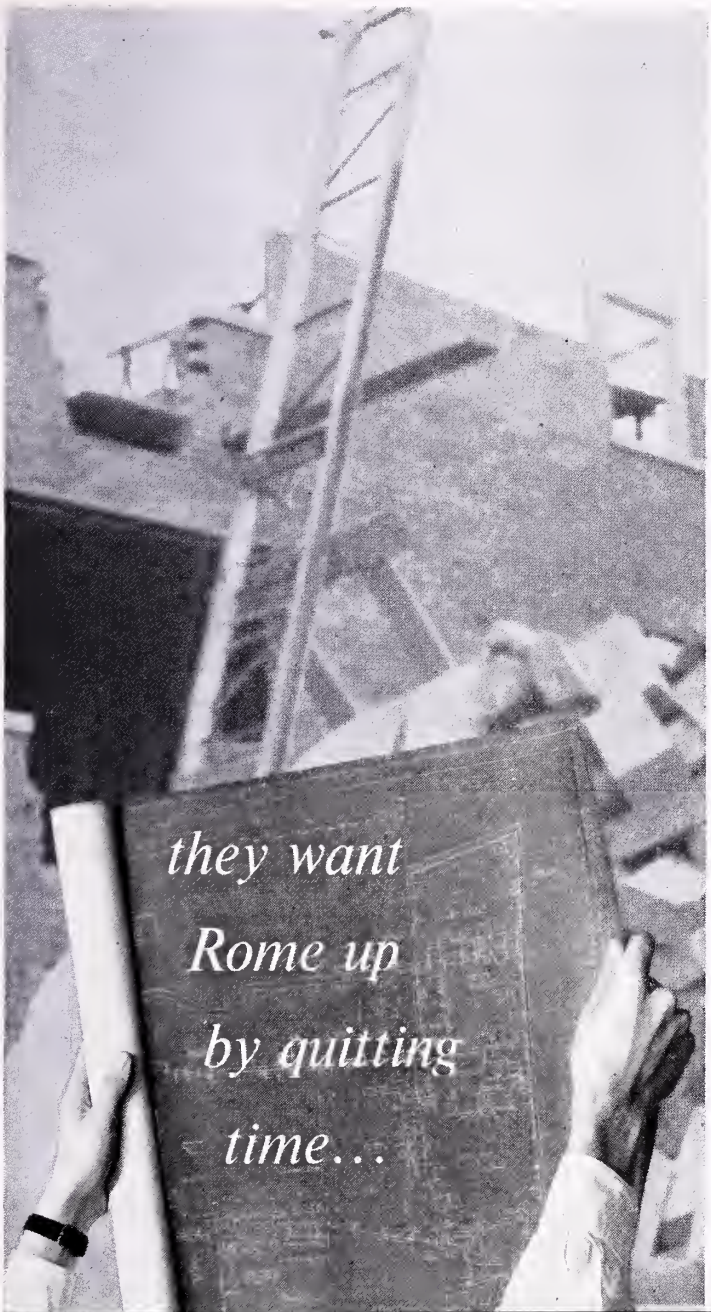
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Calmer days, more restful nights starting *first* day of treatment, through synergistic action of HARMONYL (Deserpidine, Abbott) and NEMBUTAL (Pentobarbital, Abbott). Lower therapeutic doses, lower incidence of side effects. Each HARMONYL-N Filmtab contains 30 mg. NEMBUTAL Calcium and 0.25 mg. HARMONYL. Each HARMONYL-N *Half-Strength* Filmtab combines 15 mg. NEMBUTAL Calcium and 0.1 mg. HARMONYL. Abbott

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BOOK REVIEWS

(Continued from page 401)

The Relation of Psychiatry to Pharmacology

By Abraham Wikler, M.D., 322 pp., $4.00, The Williams & Wilkins Company, 1957.

Reference work for psychiatrists.

Clinical and Immunologic Aspects of Fungous Diseases

By J. Walter Wilson, M.D., 280 pp., $6.75, Charles C. Thomas, 1957.

Articulate, thoughtful, authoritative, and practical volume, of special interest to dermatologists, pathologists, and allergists.

The Planning of International Meetings

Blackwell Scientific Publications, 113 pp., $2.50, Charles C. Thomas, 1958.

A valuable and practical handbook.

Management of the Handicapped Child

Edited by H. Michal-Smith, Ph.D., 276 pp., $6.50, Grune & Stratton, 1957.

Valuable symposium in a special field.

The Surgical Clinics of North America

Jonathan E. Rhoads, M.D., Guest Editor, W. B. Saunders Company, December, 1957.

A symposium from Philadelphia on common operations and refinements in technique.

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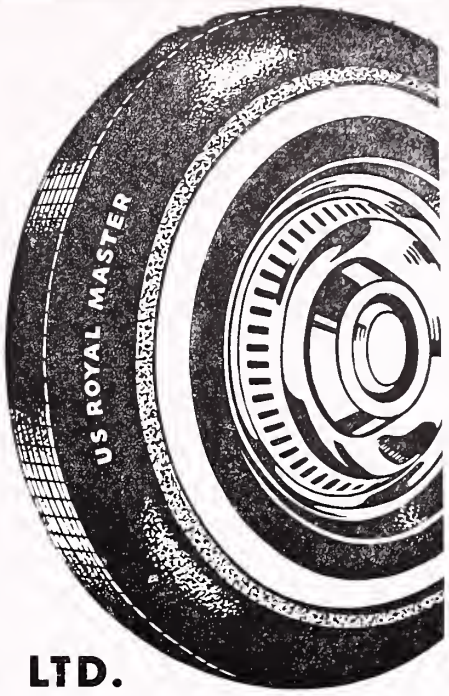
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when anxiety and tension "erupts" in the G. I. tract...

in spastic and irritable colon



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Our "Angels"

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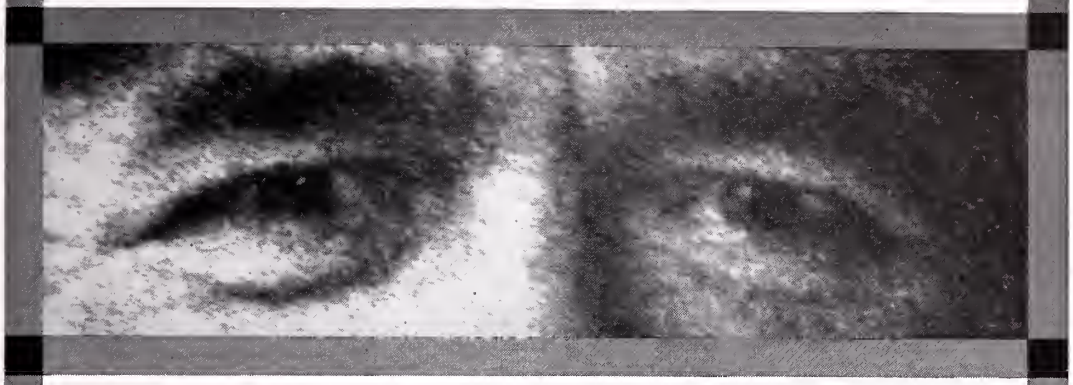
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Source—Hyman, M.: Some Aspects of Psychiatry in General Practice, GP *16*:83 (Oct.) 1957.

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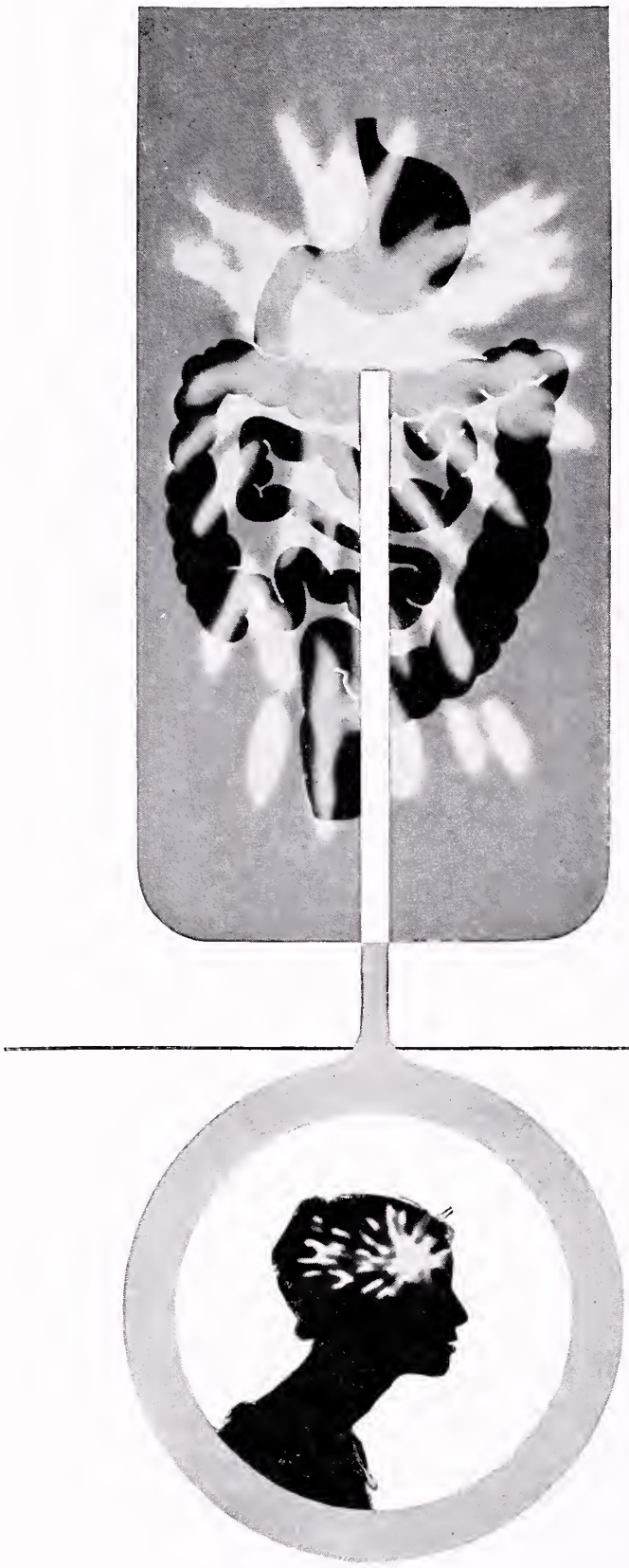
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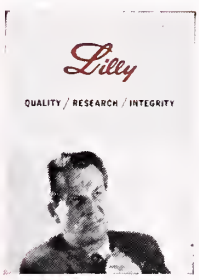
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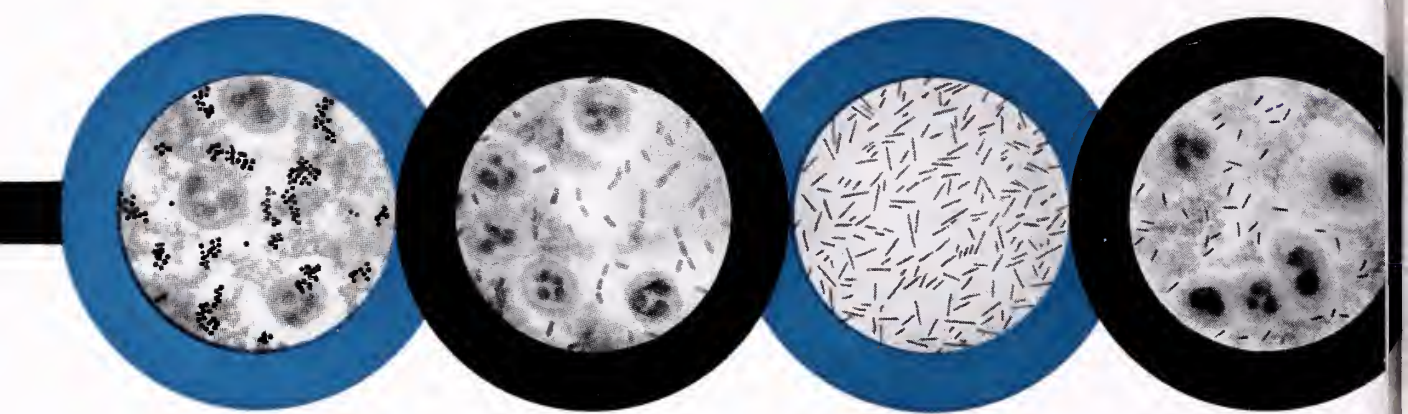
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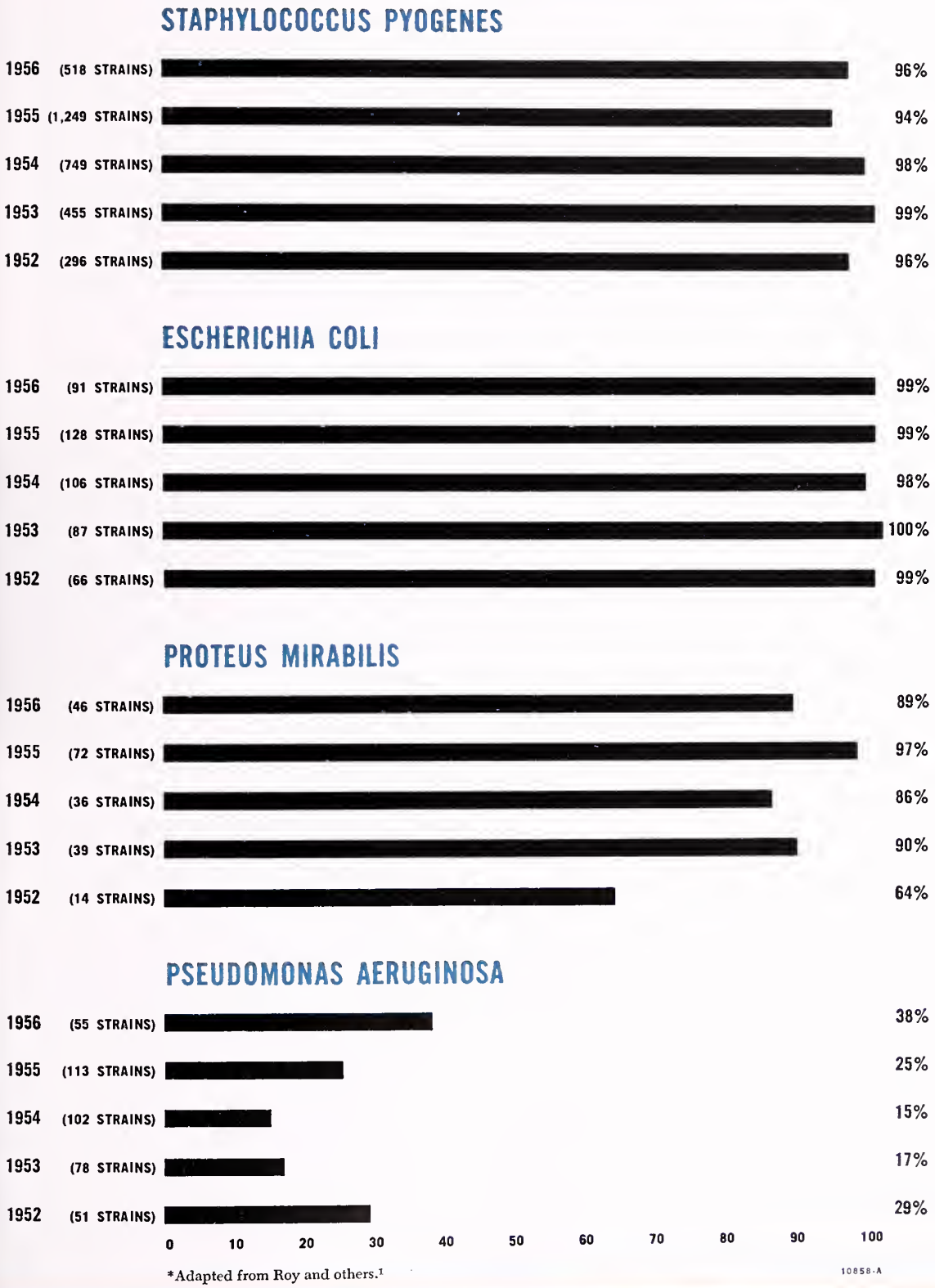
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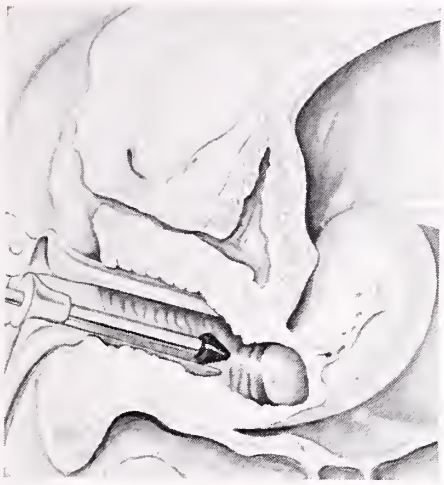
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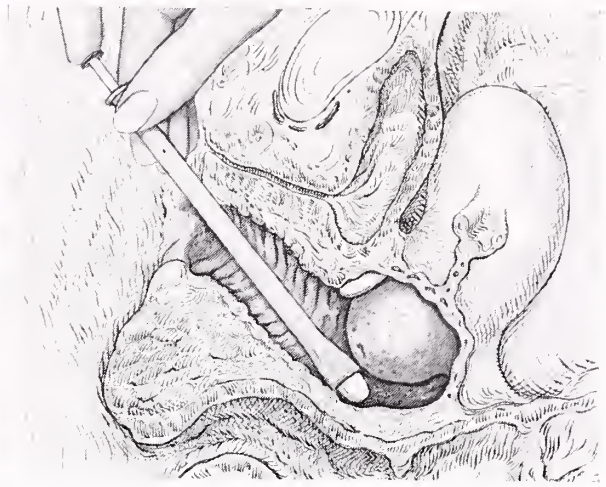
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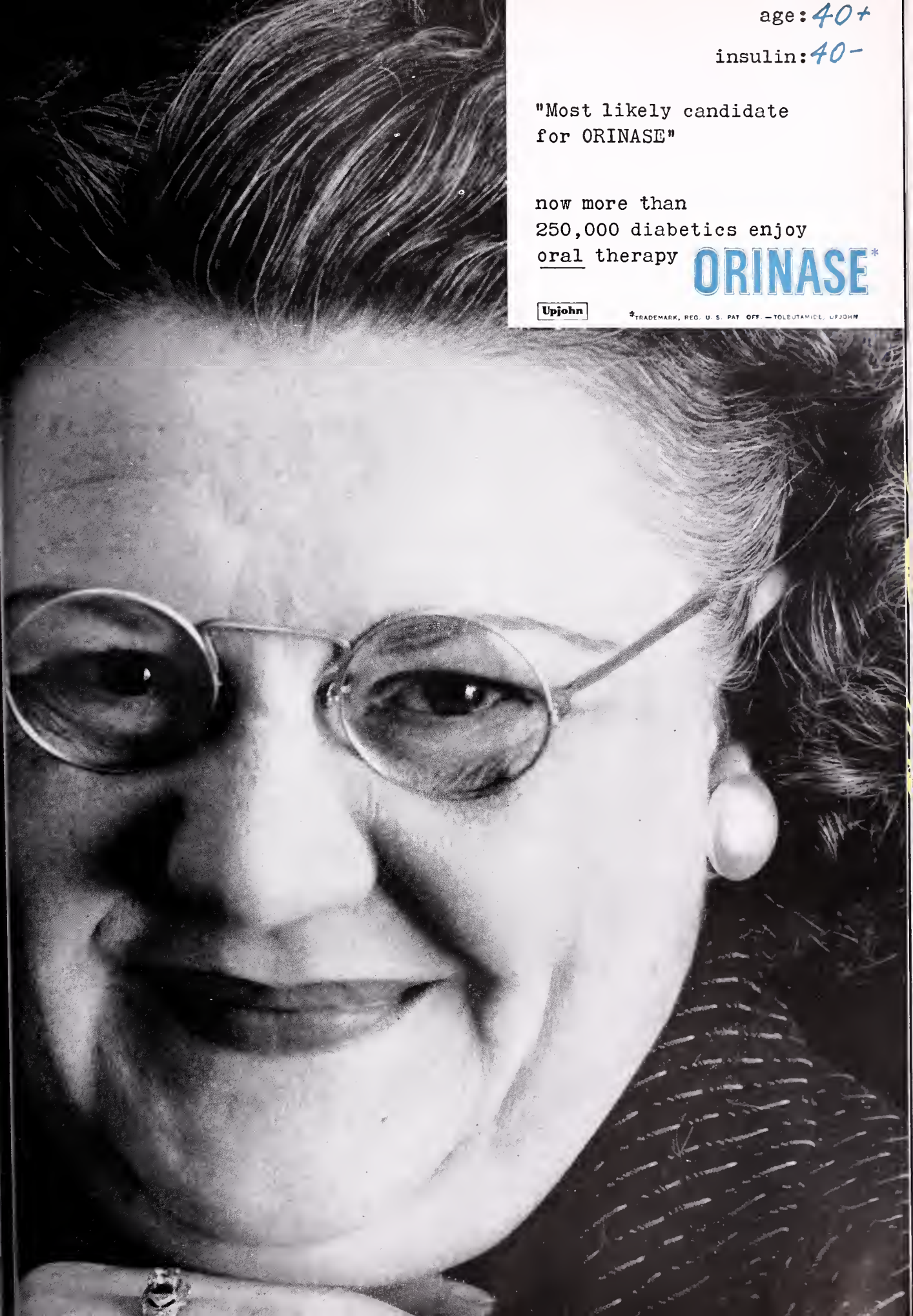
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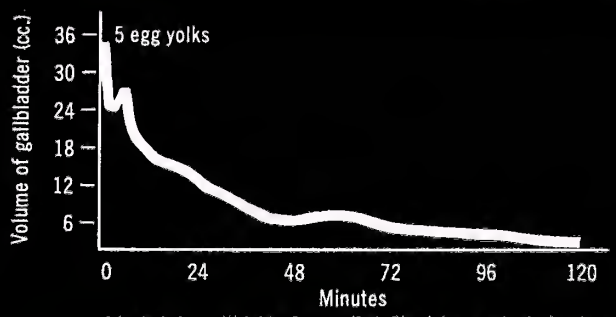
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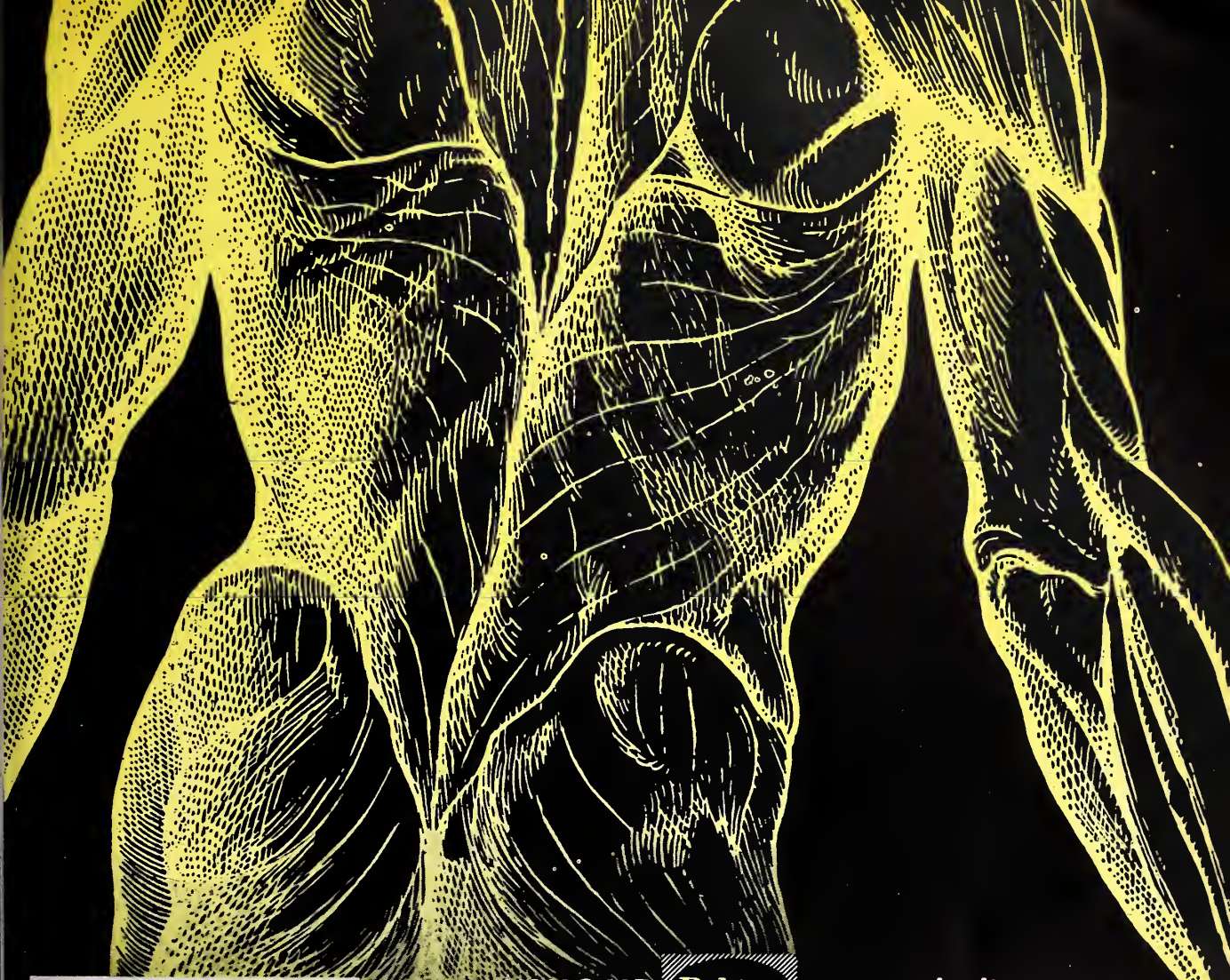
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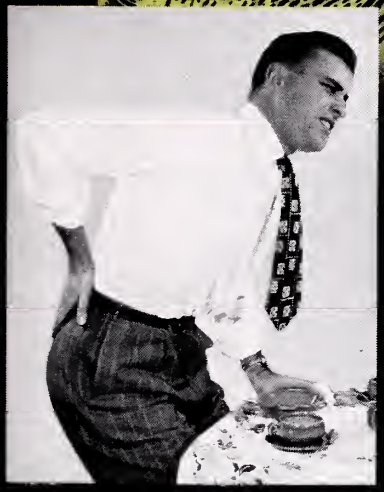
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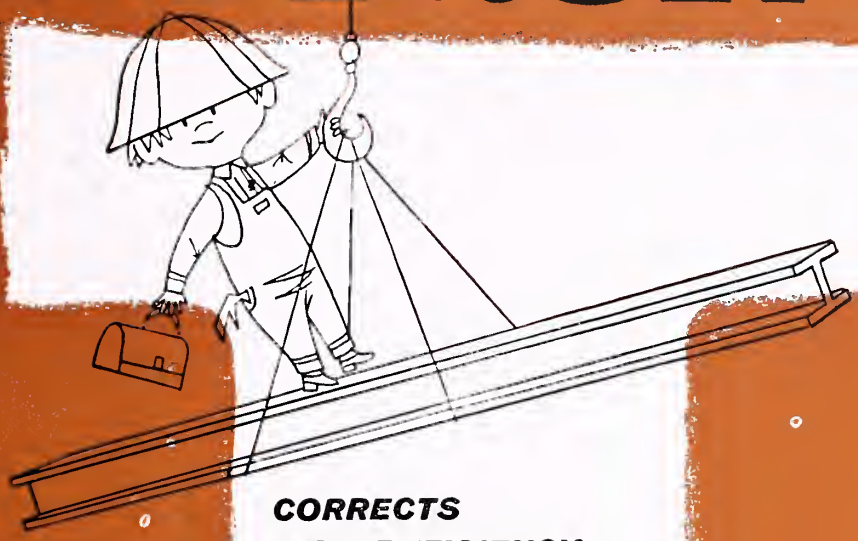
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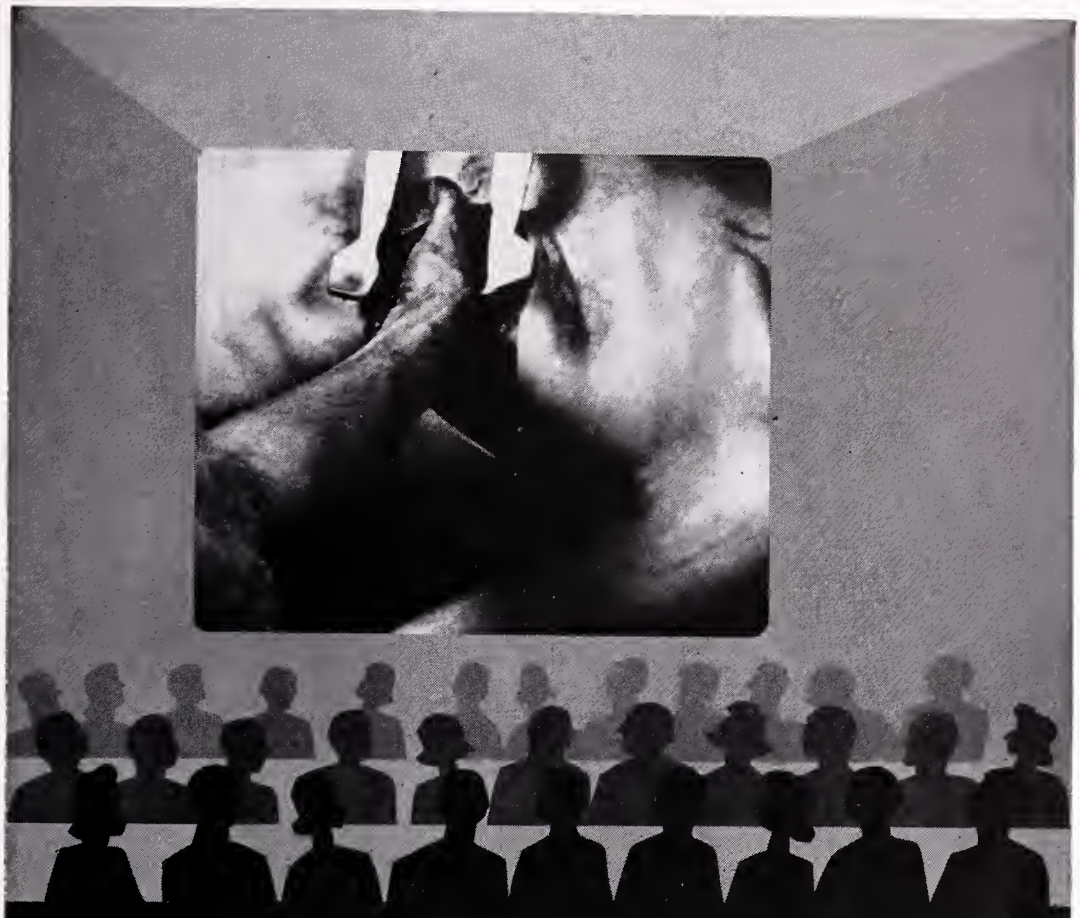
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than capsules containing either the corresponding base or the hydrochloride alone. In addition, the average levels derived from the tetracycline base or the chlortetracycline base were higher than those produced by the corresponding hydrochloride though lower than those resulting from the mixture containing the base and sodium metaphosphate. In the study with chlortetracycline[6] capsules containing a mixture of the hydrochloride and sodium metaphosphate were also included in the crossover, and the average levels produced by these capsules were the same as with the mixture of chlortetracycline base with sodium metaphosphate.

Although the enhancement of blood levels of tetracycline by phosphate, either complexed to the tetracycline or mixed with the base or the hydrochloride, thus seemed fairly well established, some doubts still remained because certain reliable observers (including many whose results have not been published) failed to confirm the findings with the materials and methods they used. Further confusion seemed to be added by a subsequent report of Welch et al.,[7] who, in repeating a crossover study with capsules of tetracycline phosphate complex and tetracycline hydrochloride with and without sodium phosphate, found [illegible]

"...Tetracycline hydrochloride and citric acid, in an encapsulated mixture, produced higher serum concentrations and greater urinary excretions, and hence better absorption of tetracyclines, than any other preparation studied..."

[illegible] and sodium metaphosphate in higher serum antibacterial activity than was observed in their absence. Oil and sorbitol did not interfere with tetracycline absorption.

Dicalcium phosphate is widely used as a filler in various capsules, including those of the tetracyclines. The authors cite a large number of other studies that implicate the presence of calcium ions as the cause of the reduced absorption of tetracyclines and show that citric acid can partially neutralize this effect. The depressing effect of food on the serum levels of tetracycline is likewise explained by the goodly amount of minerals contained in commercial laboratory diets, and they postulate that the multivalent cations may be responsible for the poorer absorption of the drug. The authors could not explain the failure of citric acid to enhance serum concentrations when administered with tetracycline base in contrast to its marked effect when given as the hydrochloride. However, they hypothesized that the ability of citric acid to enhance serum levels of tetracycline is related to its ability to form complexes [illegible] unavailable for [illegible]

[illegible] addendum to the last mentioned paper of [illegible]ch et al.[7] indicates that in their study the capsules of tetracycline hydrochloride, chlortetracycline hydrochloride and tetracycline phosphate complex all contained dicalcium phosphate as a filler, whereas the capsules containing citric acid and sodium hexametaphosphate did not contain any dicalcium phosphate. This could clearly explain the discrepancies noted in that study. Likewise, the inconsistencies in other studies may very well have been due to the [illegible] of calcium as fillers in some [illegible] others. [illegible] is however, [illegible]

Editorial.
The New England Journal of Medicine.
258:97-99, (January 9) 1958.

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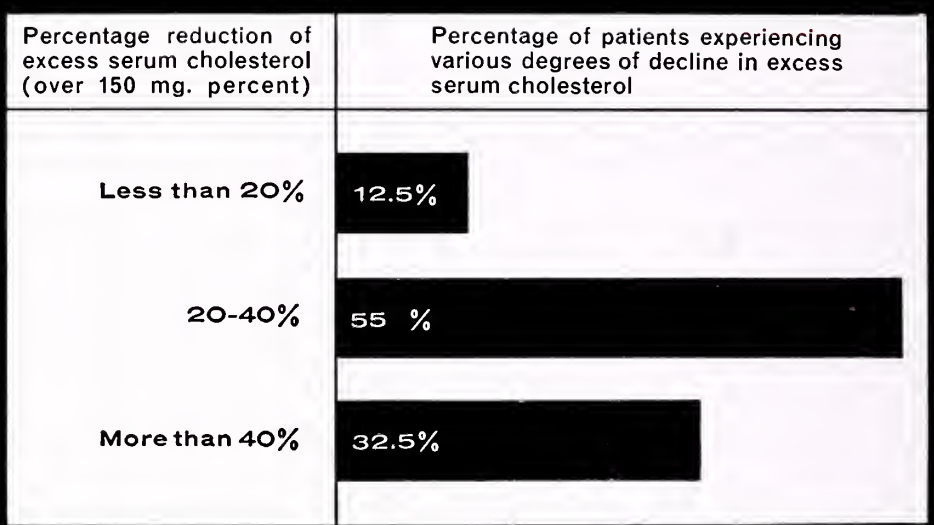
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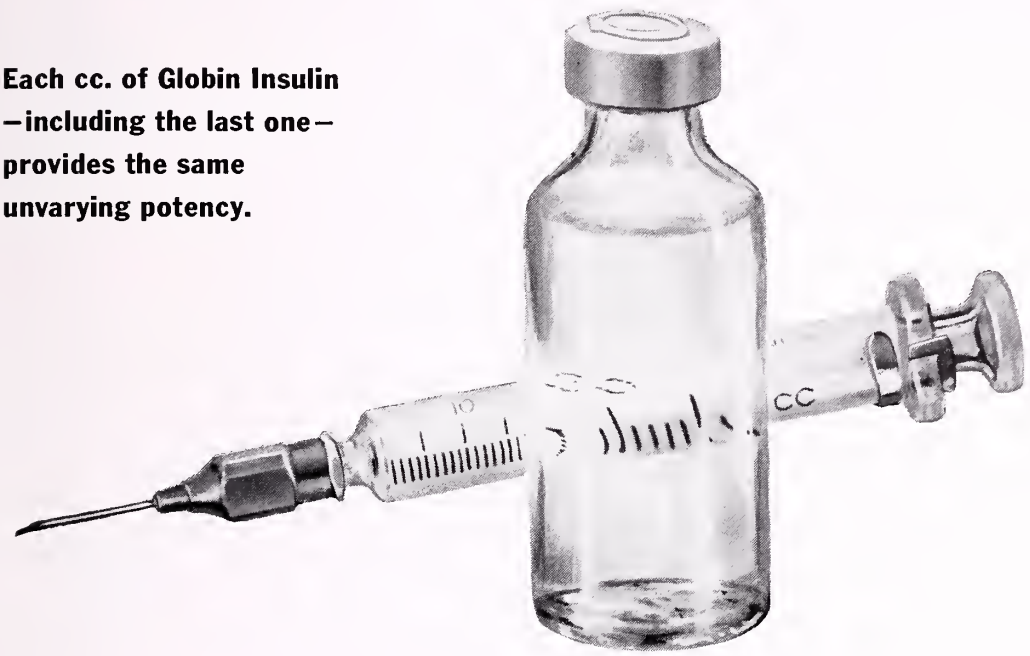
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(1) Hagedorn, A. B.: Proc. Staff Meet. Mayo Clin. **32**:705 (Dec. 11) 1957.
(2) Best, W. R.; Louis, J., and Limarzi, L. R.: M. Clin. North America (Jan.) 1958, p. 3.

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14. Robinson, H. M., Jr.; Robinson, R. C.
Cohen, M. M.: U.S. Armed Forces M. J.
15. Canizares, O.; Shatin, H., and Rosenb
Med. 55:3583, 1955.
16. Sternberg, T. H., and Newcomer, V.
Treat. 6:1102, 1955.
17. Baer, R. L.: J. M. Soc. New Jersey
18. Lane, C. W.: Postgrad. Med. 18:218, 19
19. Goldman, L., and Preston, R.: "Meti"
son Ivy Dermatitis, to be published.
20. Mathewson, J. B.: New York J. Med. 56
21. Noojin, R. O.: South. M. J. 49:149, 1956
22. Goldman, L.; Flatt, R., and Baskett
25:75, 19
23. Frank,
24. Mullins,
H. M.,
25. Weidma
73:58, 1

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BIBLIOGRAPHY

(1) Noojin, R. O.: South. M. J. 49:149, 162:1379, 1956. (3) Goldman, L.; Flatt, 25:75, 1955. (4) Frank, L., and Stritzler, (5) Robinson, R. C. V., and Robinson, (6) Canizares, O.; Shatin, H., and Rosen 1955.

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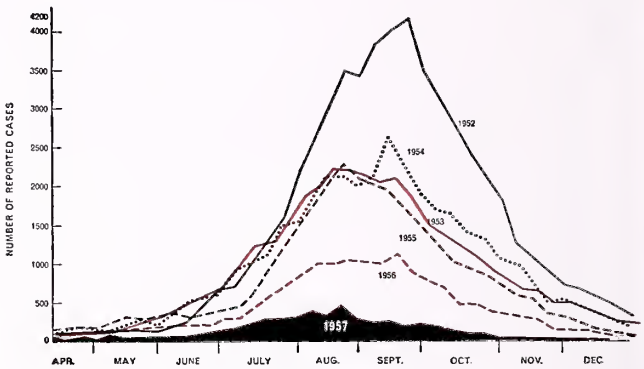
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1. *J. A. M. A.*, 165:21 (*November 23*), *1957.*
2. *Department of Health, Education, and Welfare: News Release, October 10, 1957.*

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A leader in American obstetrics reviews his extensive experience with this serious complication and offers certain guides for its management.

Antepartum Hemorrhage: I

Premature Placental Separation

ROBERT A. KIMBROUGH, JR., M.D.,* AND
ROBERT A. RODGERS, JR., M.D.,† Philadelphia

THE FIRST section of this presentation is based upon the cases of premature separation of the normally implanted placenta occurring in the Philadelphia Lying-in Division of the Pennsylvania Hospital from January 1, 1944 through December 31, 1957. Cases presenting this complication prior to the twenty-eighth week of pregnancy have been excluded from the study.



DR. KIMBROUGH

Incidence

Premature separation of the normally situated placenta is an accident of pregnancy for which several synonymous terms are currently in use: abruptio placentae, ablatio placentae, and accidental hemorrhage. These terms denote a separation of the placenta from the normal placental site at any time before the birth of the child.

The wide variation in the recorded incidence of abruption of the placenta is accounted for by the criteria which one establishes for the diagnosis. If one recognizes for the purpose of classification only those cases in which there is clinical evidence of separation, and rules out those separations which are found only after delivery of the placenta by the presence of small retroplacental clots or minute organized areas of separated placental tissue, the incidence is low as compared to some series of reported cases. In a 10-year period in the Pennsylvania Hospital among 41,919 deliveries there were 383 cases of abruption of the placenta, an incidence of 1 in 109 cases.

TABLE 1.—*Incidence of Premature Separation of the Placenta, 1944 through 1957.*

Total Number of Deliveries	41,919
Number of Cases of Abruptio	383
Incidence of Abruptio	1 in 109

Toxemia May Cause It

While hypertensive toxemia of pregnancy or hypertensive cardiovascular disease was found in only 8.8 percent of the cases occurring in the Pennsylvania Hospital, in many of those in which there was no elevation of blood pressure, abnormal gain in weight and edema strongly suggested the pres-

Read before the 102d Annual Meeting of the Hawaii Medical Association, May 2, 1958.

* Professor of Obstetrics and Gynecology, Schools of Medicine, University of Pennsylvania.
† Senior Resident, Department of Obstetrics and Gynecology, Pennsylvania Hospital.

ence of toxemia. A pre-existing hypertension in many others may have been masked by fall in blood pressure incident to hemorrhage. Dieckman found that 69 percent of his patients with abruptio placentae had toxemia. Hertig claims that toxic separation of the placenta is a form of "uterine eclampsia" since fatal cases have hepatic lesions which are not distinguishable from those of ordinary eclampsia. He described the basic placental lesion as an acute degenerative arteriolitis. This inflammatory change produces almost complete ob-

TABLE 2.—*Etiological Factors in Premature Separation, 1944 through 1957.*

	NUMBER	PERCENT
Toxemia of Late Pregnancy	33	8.8
Unknown	350	91.2
TOTAL	383	100.0

literation of the lumen of the spiral arteries which supply the placental site, leading to necrosis of the decidua beneath the placenta. Hemorrhage follows the necrosis and the placenta becomes detached by the accumulation of retroplacental body.

Direct trauma to the uterus as from a blow or kick in the abdomen may produce a retroplacental hemorrhage and separation. Indirect trauma from a sudden jar or shaking, coitus, or severe coughing may produce a similar result. Intrauterine manipulation undoubtedly is responsible for occasional cases of placental separation. In our group of 383 cases, trauma was possibly responsible in only one instance.

Hemorrhage Often Hidden

Separation of the placenta from the enormous sinuses of the placental site is necessarily accompanied by profuse hemorrhage between the placenta and the uterine wall. The hemorrhage may remain completely concealed until the entire uterus has been filled with blood. Eventually the membranes are separated so that the blood has access to the vagina through the patulous cervix and the bleeding is seen as frank external hemorrhage. If the separation is complete or nearly so, death of the fetus is almost immediate. In separations of lesser degree, the fetus suffers anoxia in direct proportion to the amount of separation.

TABLE 3.—*Time of Occurrence of Abruptio, 1944 through 1957.*

	CASES	PERCENT
Before Labor	157	41.0
During Labor	226	59.0
TOTAL	383	100.0

The constitutional symptoms of the mother are in proportion to the amount of hemorrhage. Fatal hemorrhages entirely concealed within the uterus have occurred without the loss of any blood externally. The cases with severe hemorrhage almost invariably occur before the onset of labor and the bleeding is more likely to be concealed for a comparatively long period. The mild cases occur usually in the course of labor and in these the bleeding is largely external. The most serious cases are often associated with toxemia of pregnancy or with hypertensive cardiovascular disease.

TABLE 4.—*Severity of Cases of Abruptio, 1944 through 1957.*

Mild	199
Moderate	100
Severe	84
TOTAL	383

Couvelaire described a very serious degree of abruptio placentae in which the uterine muscle becomes infiltrated with blood with eventual degenerative changes in the muscle cells. Blood may infiltrate through the entire thickness of the myometrium and appear subperitoneally in the form of blebs and effusions. The whole uterus is rendered a dark purplish color and may be almost black. He termed the condition *"apoplexie utéroplacentaire."* The serosa over the uterus may split and allow the escape of blood into the abdominal cavity. This sequence of events would indicate a generalized endarteritis incident to the toxemia.

Fibrinogenopenia: Serious Complication

Fibrinogenopenia has been found to be associated frequently with abruption of the placenta. Presumably, absorption of thromboplastin from the retroplacental area produces first intravascular coagulation and later a critical fall in available fibrinogen; this results in absence or deficiency of clot formation. Reid, Schneider and others have stated that rupture of the membranes will often delay the absorption of thromboplastin; this mechanism, however, cannot be anticipated with certainty. Prompt replacement of fibrinogen in pure form or by whole fresh blood transfusion is imperative.

The mild cases were those occurring, almost without exception, during labor, manifested by

TABLE 5.—*Method of Delivery in Abruptio, 1944 through 1957.*

	CASES	PERCENT
Vaginal Delivery	269	70.2
Forceps	177	
Spontaneous	68	
Podalic Version	1	
Breech Extraction	23	
Abdominal Delivery	114	29.8
Cesarean Section	113	
Porro Cesarean	1	
TOTAL CASES	383	100.0

somewhat more than usual bleeding, some increase in uterine tension, and, occasionally, evidences of slight or moderate fetal distress. In this group there were no maternal deaths. The severe cases were those in which there was evidence of a large concealed or frank external hemorrhage, or both.

Cesarean for Early Separation

The choice of treatment is dependent upon several factors, chief among which are the severity of the symptoms, the general condition of the patient, presence or absence of good clot formation, the condition of the fetus, whether or not the patient is in labor, and, most important of all, the degree of cervical effacement and dilatation.

In those instances in which the separation occurs in the course of labor, the condition of the mother and fetus usually remains satisfactory. Most often little more is necessary than the administration of oxygen and increased vigilance on the part of the obstetrician.

As seen in Table 5, almost three-fourths of our patients were delivered vaginally.

TABLE 6.—*Method of Delivery According to Onset of Labor, 1944 through 1957.*

	CASES	PERCENT
Abruptio During Labor	222	
Cesarean Section	17	7.7
Vaginal Delivery	205	92.3
Abruptio Before Labor	161	
Cesarean Section	97	60.2
Vaginal Delivery	64	39.8

In the more severe cases, particularly those in which the separation occurs before the onset of labor, cesarean section is more often our method of delivery. Not until the uterus is empty can firm contraction close the bleeding sinuses at the placental site.

In the more urgent cases cesarean section is done in the interest of the mother even though the child is known to be dead. Before instituting any procedure for delivery, it is imperative that the patient be treated for shock and that lost blood be replaced by transfusion. While awaiting the necessary preparations for cesarean section, the membranes should be ruptured to decrease absorption of thromboplastin from the placental site and to hasten labor. Under these circumstances rapid dilatation of the cervix will often obviate the need for section. If there is a deficiency of the clotting mechanism, fibrinogen must be administered in adequate amounts. A fine point of judgment is required in determining how long to postpone operative measures while awaiting reaction from shock. No arbitrary rules can be enunciated as every case must be considered individually.

Removal of the uterus was deemed advisable in only one of the patients who were treated by cesarean section. We do not remove the uterus simply because of its darkened appearance from extravasation of blood, but only if it fails to contract following its evacuation. No fatality attended this procedure.

Postpartum Bleeding Feared

Following delivery, attention must be given to the likelihood of postpartum hemorrhage. Many of these uteri fail to remain firmly contracted and a relatively small amount of additional bleeding will be poorly tolerated by the patient who has already suffered a considerable loss of blood. The administration of pitocin intravenously following delivery lessens the incidence of hemorrhage.

Summary of Maternal Mortality

TABLE 7.—*Maternal Mortality from Abruptio, 1944 through 1957.*

	NUMBER	PERCENT
Number of Cases of Abruptio	383	
Number of Maternal Deaths from Abruptio	1	0.26

The patient who died was a gravida i, para 0, at term. She was admitted with an excessive bloody show, in labor, and some tenderness of the uterus. A presumptive diagnosis of partial premature separation of the placenta was made. The membranes were ruptured artificially and good labor ensued. There was no further bleeding or evidence of fetal distress. The patient easily delivered a living term sized male infant. Following delivery the uterus was firm but bleeding continued. The uterine cavity was explored and no tear or tissue was found. The blood failed to coagulate and whole blood and a unit of fibrinogen were given. In consultation hysterectomy was decided upon. A total hysterectomy was performed and as the procedure was being completed the patient stopped breathing. The heart was massaged without effect and the patient died. Autopsy was not permitted. There was no rupture of the uterus or retained placental fragments, but the uterine veins were filled with amniotic fluid. The cause of death was thought to be amniotic fluid embolism.

TABLE 8.—*Maternal Mortality According to Method of Delivery, 1944 through 1957.*

	PERCENT
Vaginal Delivery	
1 death in 269 cases	0.36
Cesarean Section	
0 deaths in 114 cases	0.00
TOTAL MATERNAL MORTALITY	
1 death in 383 cases	0.26

Risk to the Baby

TABLE 9.—*Gross Fetal Mortality from Abruptio, 1944 through 1957.*

		PERCENT
Cases of Abruptio	390*	
Fetal Deaths	96	
Total Uncorrected Fetal Mortality		24.6
Stillborn	49	
Neonatal Deaths	47	
(40 of the 96 dead babies weighed less than 4 pounds)		
CORRECTED FETAL MORTALITY		14.3

* Includes 7 sets of twins.

As many of the babies were dead in utero at the time of admission to the hospital, and since 40 of the babies weighed less than 4 pounds, the total uncorrected mortality rate of 24.6 percent is less than had been anticipated. There is little doubt, however, that this could be reduced by more prompt recognition of the significance of the symptoms by both patient and physician.

TABLE 10.—*Fetal Mortality According to Method of Delivery in Abruptio, 1944 through 1957.*

	NO. CASES	NO. FETAL DEATHS	% FETAL DEATHS
Vaginal Delivery	271	60	22.1
Cesarean Section	114	36	31.6

Principles

Review of these cases of premature separation of the placenta will, we believe, establish the following principles concerning this complication:

1. Early recognition, by both patient and physician, of the significance of antepartum hemorrhage is imperative.
2. In a decision to delay interruption of pregnancy in toxemic patients until the time of greater viability of the child, consideration must be given to the possibility of premature separation.
3. If the case be one of mild degree the conduct of labor may be unaltered except for increased vigilance on the part of the attendant.
4. In the more severe cases the best interests of both mother and baby are served by as prompt evacuation of the uterus as is compatible with safety, particularly in those cases in which there is an associated fibrinogenopenia.
5. Manual dilatation of the cervix and other traumatic procedures for delivery have no place in the elective treatment of abruptio.
6. Treatment for shock and replacement of blood before instituting measures for delivery will greatly decrease the operative risk.
7. Prompt replacement of blood following delivery is essential.

(In two parts. To be concluded.)

Obstetrics is being changed by advances
in other fields, and by changes in modern living,
and the wise obstetrician will accept such changes as seem good

Newer Trends in Obstetrics

HERBERT E. SCHMITZ, M.D.,* AND
CHARLES J. SMITH, M.D.,† Chicago

ANY ADVANCES in the field of medicine inevitably find application to all phases of patient management. The recently discovered drugs that were initially applied in the science of cardiology, for example, may find use in the treatment of toxemia of pregnancy. In its broad aspects, the trend of applied therapeutics in obstetrics may be considered as an active one as contrasted with the era of conservation or "scientific neglect."



DR. SCHMITZ

This has become possible, of course, by the advent of the whole new science of antibiotics, the availability of blood and plasma expanders, newer concepts in the physiology and pharmacology of anesthesia and, in no small measure, the infusion of considerable numbers of highly trained specialists in the field who are bringing techniques and concepts of management to an ever widening segment of the population.

In some respects this tendency is to be decried, since it consigns to oblivion many valuable obstetrical procedures. It is becoming more evident, for example, that the masters of obstetrical forceps are being replaced by abdominal surgeons. It can be argued, however, that the triumph of a difficult vaginal delivery at the cost of a dead or, what is worse, mentally retarded child is not tolerated or accepted by society today. If, in any given situation, abdominal delivery can be shown to have a fetal and maternal salvage equal to other types of delivery in hazardous situations, the conservative practitioner finds himself on the defensive. It must also be borne in mind that many vaginal obstetrical maneuvers call for a much greater degree of skill and technical proficiency than does the operation of Cesarean section. It remains, therefore, for us to insist that the indications and conditions for the substitution of an operative procedure for the application of a time-honored technique be valid and compatible with good judgment.

In recent years, the problems of maternal mortality from hemorrhage, sepsis, and toxemia have not received as much attention as the newer approaches to the consideration of perinatal mortality, the psychological aspects of pregnancy, and the more rapid restoration of the parturient to normal activity.

Prematurity: a Major Problem

In the whole question of fetal wastage the two

Read at the annual meeting of the Hawaii Medical Association, May 3, 1958.

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most frequent causes of infant loss are abortion and prematurity. Neonatal mortality has been considerably reduced by refinements of pediatric care, but the ultimate treatment of prematurity is its prophylaxis. Certain newer concepts of the cause of prematurity are bringing about a logical attempt at its control. A more extended study of the uterine anatomy by various means has disclosed an appreciable number of developmental abnormalities which produce no obvious uterine complaints, but are unable, by virtue of either deformity or deranged physiology, to contain a developing conceptus until term. A specific agent has long been sought which would suspend the initiation of active labor when it has begun. Recent work with the uterine relaxing hormone has shown promise that further refinements and understanding of the drug may eventually place in our hands an effective means of halting an inopportune labor.

As a corollary, the problem of the late aborter has been directly attacked by surgical means. In the past, the artificial closure of the cervical os of the pregnant uterus would have met with condemnation, but the reports of Shrdkar and McDonald have demonstrated that simple purse-string restriction of the upper cervix will provide enough resistance in those uteri which consistently empty themselves in the second trimester to carry them to the period of viability. Lash has demonstrated the basic defect responsible for these situations and the means of correcting it during the nonpregnant interval.

Erythroblastosis: New Understanding

Erythroblastosis fetalis, now established for more than fifteen years as a contributing factor in perinatal mortality, has lost some of its grim foreboding by means of intelligent management of the Rh sensitized mother and her affected offspring. No specific prophylaxis has yet been produced despite the earlier hopes with hapten and adrenal cortical hormone.

Edith Potter in her recent review of the subject re-emphasizes the role of extraneous factors in modifying the severity of the disease. She also confirms the present-day attitude of termination of the pregnancy as soon as feasible with intensive blood replacement of the afflicted infant. In selecting this method of management the clinician is guided by the previous obstetrical history, the genetic background of the husband, and the degree of sensitivity as determined by antibody titre.

The newest aspects of this problem are chiefly to be found in the refinements of blood genotype studies, which are now disclosing new subgroups responsible for hemolytic disease of the newborn delivered of Rh positive mothers. While no hope can be entertained for the hydropic infant, we are today in a position to tell a patient that statistically it is still possible for her to obtain a living child despite her prior disappointments.

Psychological Considerations

It is probably a reflection of modern-day thinking that the whole phenomenon of reproduction has been lifted from its isolated position in human relations and exposed to minute inspection in its psychosomatic aspects. Actually, this is not so much a new concept as it is a return to a more wholesome consideration of something which is a part of everyday life. Slowly, the mysteries (or ignorance) and the social taboos which have shrouded the generative process are disappearing through the insistence of young people today for premarital education and prenatal instruction. "Togetherness" has now come to provide a place, in the physical aspects of family increment, to the husband, who, understandably enough, more often than not, finds to his dismay that this entitles him to a full share of bottling, diapering, and floor-walking as well as vicarious labor pains.

In the enthusiastic exploitation of this new field, problems have arisen because of a lack of coordinated progress by all concerned. Harold Mack in his masterful address of recent years succinctly pointed out the fallacy of expecting setting-up exercises and sex lectures to bring about relaxation in a personality that for some reason has considerably more emotional tensions than her grandmother. The rush to natural childbirth, rooming-in, and fathers in the delivery room without regard for what would be entailed in man-hours, personnel, and amendments to existing public health statutes is as unrealistic as the clamor for any fad—and for about the same reasons: promotion by slick magazines.

This is not to say that such "new" procedures in obstetrics are not warranted, but the benefits cannot be accomplished by piece-meal application. As Eastman points out: "If a nurse today ventures to sit with a normal parturient at the expense of neglecting her paper work, she is certain to catch hell from the higher ups." Early ambulation, a heresy brought about by war-time conditions and since then hailed as the prime factor in getting women back to normal, is now suspect of contributing to subinvolution, relaxation, and orthopedic problems.

As in anything else, there is a middle road to be travelled. An enlightened patient, a warmly sympathetic physician, individualized medical and

nursing procedures are means of returning a new mother to her multitudinous duties at home in, at least, a relaxed frame of mind. Many of these improvements can be small considerations. For many years now, we have allowed our parturients to take full tub baths after their second uncomplicated postpartum day. There has not been a single case of endometritis that could be ascribed to this procedure alone. There has not been any change in our procedures so warmly welcomed and appreciated by our patients as this one small gratification.

Elective Induction of Labor

We cannot dismiss the subject of obstetrical psychosomatics without a consideration of what is today a highly controversial subject; namely, elective induction of labor. We are not considering in this discussion any induction by reason of maternal or fetal indication, but rather those cases that are induced without medical indication irrespective of the reasons. The opposing camps of contention in this problem have marshalled many telling arguments pro and con. It is not germane to our subject simply to repeat them all again at this time. What we are concerned with is the trend and its influence on obstetrics.

It can categorically be stated that some babies and mothers are going to die as a result of improper use of infused oxytocin. Does this potential hazard justify a sweeping condemnation of a procedure which, in itself, carries no more hazard than does any administered medical technique? A superb study by Roberto Caldeyro Barcia of Montevideo over a period of ten years has shown beyond any possible contradiction that the cause and effect relationship of oxytocin and uterine contraction is purely a quantitative one which can be subject to meticulous control, and that it is possible by empirical methods to reproduce in measurable effect, the natural process of the initiation of labor.

If this is true, we cannot logically argue that the method, in itself, is inherently dangerous. That a trend to having babies by appointment has been established cannot be ignored. In the light of present-day exurban relocation of populations, this trend can even be condoned. The spectacle of a dishevelled parturient, delivered by the first available member of the house staff, after a wild ride from her home, regurgitating several quarts of her undigested dinner into her upper respiratory passages, is in sorry contrast to the relaxed surgically prepared patient who approaches her labor fully composed after a night's rest in the hospital. It is incumbent upon the attending staff of any hospital permitting elective induction to record the effects of this trend honestly and objectively, to ruthlessly disclose and terminate any abuse, and to insist upon adherence to good medical principles in the technique.

Eclampsia: a Mystery Still

As long as the etiology of pre-eclampsia and eclampsia remains obscure, the definitive treatment of these conditions will continue to elude us. The scope of therapy has swung through its nutritional and cellular chemistry phases to return to symptomatic treatment not too remote from ancient venesection. Apresoline and reserpine, expropriated bodily from the province of our cardiologist colleagues, now provide us with an eclectic program of treatment. As unscientific as such means may appear to be, it must be admitted that control of the hypertensive component of eclamptogenic toxemia brings about the desired results. While no substitute for adequate and pervasive prenatal care, their use has provided a welcome adjunct in the care of that entire class of difficult hypertensive states in the early third trimester which have resulted in so much fetal wastage heretofore.

We Must Accept Some Changes

Each new trend in obstetrics should remind us that our specialty, like any other, is not a static thing. Contemporary thought and motives must ever be afforded at least a dispassionate consideration influenced by objectivity, experience, and intellectual curiosity. As Wilde has said, "the aged believe everything, the middle aged suspect everything, and the young know everything." The wise man lives the chronological span concurrently.

Summario in Interlingua

Mortalitate perinatal, aspectos psychologic del pregnantia, e plus rapide restauration del parturiente a activitate normal es problemas major del obstetrica de nostre dies. Prematuritate es prevenite alique plus efficacemente. Erythroblastosis deveni melio comprendite. Aspectos psychologic del pregnantia deveni comprendite plus generalmente e acceptate como importante. Le induction elective del labores per le injection intravenose de oxytocina es forsan, in despecto de su riscos, preferibile a su alternativas sub certe circumstantias. Eclampsia es melio maneate per le control de su phase hypertensive. "Le homine sage vive le spatio de tempore concurrentemente."

Some unsual eye lesions may provide the clue to diagnosis of certain metabolic diseases—and awareness of such diseases may point to diagnosis and proper treatment for the eye lesions. A distinguished visiting English ophthalmologist discusses these.

Ocular Signs of Metabolic Disease in Children

P. JAMESON EVANS, M.D., Birmingham, England

I PROPOSE to discuss those conditions in which there is some fault either in the assimilation of foods or in their utilization within the body and their breakdown, or of the excretion of the end products thereof, and particularly of those in which ocular changes are manifest.



DR. EVANS

Many of these changes are due to a primary defect in a specific enzyme and the eye is often vulnerable to such dysfunctions of systemic metabolism; valuable help in diagnosis may be obtained by the recognition of the ocular signs in diseases which are often obscure and somewhat rare.

The disorders of metabolism may conveniently be divided under headings according to the defective element in metabolism:

Read before the staff meeting of Kauikeolani Children's Hospital, October 24, 1957.

Protein

Cysteinosis (Lignac-Fanconi syndrome)

The presence of cysteinuria may be due to an overflow of normally-derived cysteine in the urine (low threshold) or may be part of a derangement of tissue storage. In the latter case cysteinosis develops and cysteine is deposited in the reticuloendothelial system, the bone marrow, the kidneys and other tissues, and in the eye. As far as we know at present, there appears to be congenital absence of a specific enzyme. Treatment is symptomatic and some amelioration is obtained by giving large doses of vitamin D, but gradually the kidney function fails and a fatal termination follows in a number of years. Renal rickets and dwarfism are characteristic in the later stages.

The ocular signs consist of the presence of cysteine crystals in the cornea and in the conjunctiva, accompanied by a considerable degree of photophobia in some instances.

The crystals can be seen with a loupe, but are better displayed on slit-lamp examination, when they are seen to occupy all the layers of the cornea and sometimes to cause a roughening of the an-

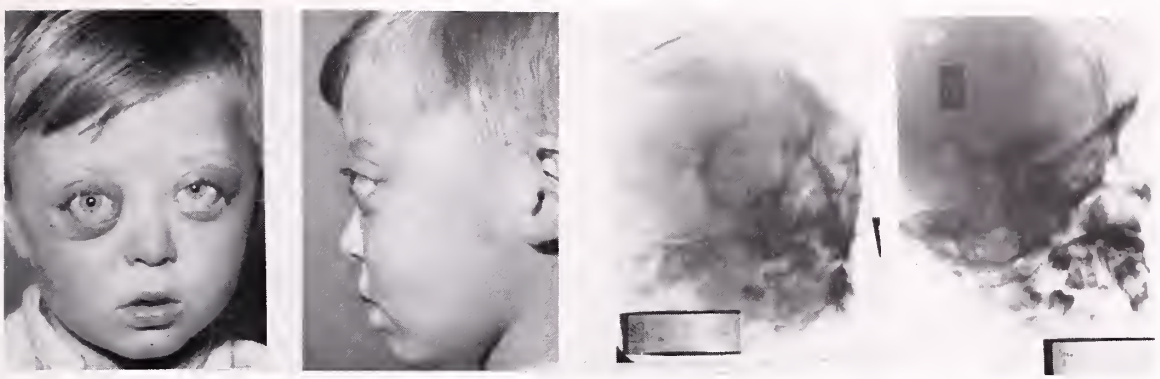


FIG. 3.—Proptosis, and bony defects in skull roentgenograms, in Hand-Schüller-Christian disease. (Courtesy Dr. C. Rudd.)

terior surface. The same crystalline infiltration is found in the conjunctiva round the limbus. There is no excess limbal vascularization.

The ocular deposits were fully described by A. A. Douglas, in a joint contribution with other members of the staff of the Children's Hospital, Birmingham, in the *Acta Paediatrica* in 1952.[1]



FIG. 1.—Note dwarfing and photophobia of child (right) with Lignac-Fanconi syndrome, as compared to child of same age (six and a half years) on the left. (Courtesy H. Bickel, *Acta Paediatrica,* 1952.)

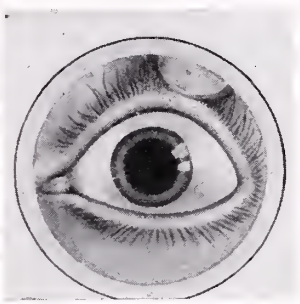


FIG. 2.—Naked-eye appearance of the crystalline deposits of cysteine in the eye in Lignac-Fanconi syndrome. (Courtesy Dr. A. A. Douglas, *Acta Paediatrica,* 1952.)

Carbohydrate

Galactosemia

Galactosemia may be suspected in infants who fail to put on weight properly shortly after birth. In some cases jaundice is noticeable and some enlargement of the liver is found, but the detection of lactose in the urine is not always immediately successful.[2] Diagnosis is helped by urine chromatography.

In the later stages the children are stunted and show evidence of mental retardation and marasmus.

In the eye the changes are restricted to the lens. The first changes present the appearance of a posterior lenticonus, giving the oil-bubble impression. At a later stage lamellar cataract may develop, but if diagnosis and a lactose-free diet are provided early, the lens changes are reversible and a normal appearance of the lens may result.

Treatment is by elimination of lactose from the milk and diet.

Fat

Disturbances of lipid metabolism give numerous manifestations in the eye.

Tay-Sachs disease

A lipoid degeneration of the ganglion cells of the retina occurs, giving an appearance similar to that of occlusion of the central retinal artery. Lipoid degeneration is also widespread elsewhere in the central nervous system, but does not spread to other organs. Jewish infants are predominantly affected. Almost all cases die within two years of onset, from cerebral degeneration.

Niemann-Pick disease

In this disease all the layers of the retina and the optic nerve are involved in lipoid degeneration and, besides the rest of the central nervous system, the degeneration extends to other organs of the body, there being enlargement of the liver and spleen.

Both this and Tay-Sachs disease have their onset within the first year in most cases.

Cerebro-macular degeneration

This is not confined to Jews, and is of later onset and slower development. Lipoid degeneration of the ganglion cells is gradually followed by dis-

[1] Douglas, A. A., and Bickel, H.: The ophthalmology of Lignac-Fanconi disease, Acta Paed. 42:106, Supp. 90, Pt. 5, 1952.
Bickel, H., Smallwood, W. C., Smellie, J. M., and Hickmans, E. M.: Clinical description, factual analysis, prognosis and treatment, Acta Paed. 42:27, Supp. 90, Pt. 3, 1952.

[2] Turnbull, D. C.: Galactosemic cataracts; a report of two cases, Am. J. Ophth. 42:602-6 (Oct.) 1956.

appearance of the outer layers of the retina and replacement by glial tissue; the late stages show migrated pigment proliferation and progressive optic atrophy, accompanied by mental deterioration and a tendency to obesity.

Hand-Schüller-Christian disease

These children have characteristic lipoid deposits in the flat bones of the skull, which appear on x-rays as sharply punched-out spaces. These deposits may fill the back of the orbit and cause proptosis.

Gaucher's disease (lipid storage spleno-hepatomegaly)

The ocular sign is said to be the appearance of yellowish-brown deposits or pingueculae. Charters[3] reported a case in an adult in whom there was also retinitis pigmentosa.

Mineral

Wilson's disease (hepato-lenticular degeneration)

In this disease there is a disturbance of copper metabolism. There is excessive absorption of copper from the gut; there is also increased urinary output of copper, but not enough to compensate. Copper is thus accumulated in the tissues, especially the liver. Serum copper is low. In the brain the basal ganglia are particularly affected, and this accounts for the mental retardation, the emotional lability, and the hypotonia.

In the eye there occurs the pathogenic Kayser-Fleischer ring of green-brown pigmentation of the posterior surface of the cornea in a ring at the periphery. The nature of the pigmentation has been the subject of much controversy, but my own view is that it is very probably copper. Curiously, in support of this, the only instance in which I have seen this colored pigmentation on the back of the cornea, outside of Kinnier Wilson's disease, was in an Italian woman who had received prolonged treatment by copper sulphate for trachoma. In this instance the pigment was not in the form of a limbal ring but evenly covered most of the lower half of the cornea.

Minton[4] records marked improvement and diminution of the corneal pigmentation after treatment by BAL, which increases the excretion of copper. More recently a ten-times increase in the excretion of copper has followed the use of penicillamine.[5]

I have in mind the example of two brothers; the elder is far gone and has a well-marked Kayser-Fleischer ring; the younger has the blood-picture, etc., but as yet I cannot vouch for any true corneal pigmentation; with better copper elimination, he may perhaps be saved from the degenerative process in the basal ganglia of the brain.



FIG. 4.—Spinal deformity, first noted at three months of age, in a child with Hurler's disease (dysostosis multiplex). (Courtesy Dr. O. Wolff.)

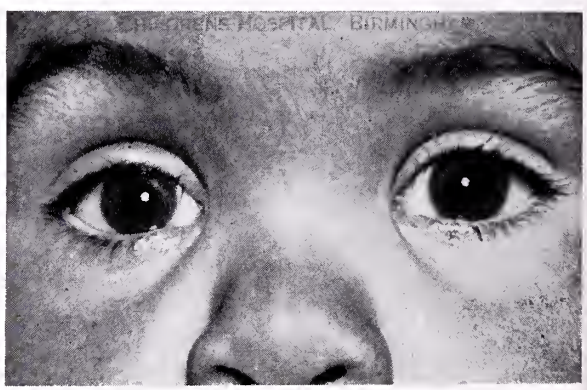


FIG. 5.—Diffuse clouding of the corneae. Same patient as Fig. 4. (Courtesy Dr. O. Wolff.)

[3] Charters, A. D.: Retinitis pigmentosa and Gaucher's disease, Brit. J. Ophth. 41:54-59 (Jan.) 1957.
[4] Minton, J.: Ocular manifestations of general disease, a pictorial survey, Trans. Ophth. Soc. U. K. 75:453, 1955.
[5] Walshe, J. M.: Penicillamine; a new oral therapy for Wilson's disease, Am. J. Med. 21:487-495 (Oct.) 1956.
Smellie, J. M.: Personal communication; Children's Hospital, Birmingham, England, 1957.

Others

Hurler's disease (gargoylism, dysostosis multiplex, or lipochondrodysplasia)

This is a congenital disease with widespread chondrodystrophic changes and dwarfism.

The earliest sign is an absence of the normal lordosis of the infant spine (one to three months). Later multiple deformities of the long bones occur.

In the eye the changes consist of a bilateral diffuse cloudiness of the interstitial layers of the cornea, the endothelium and the epithelium remaining clear. This change is not visible at birth but may be perceptible at three to six months and is nearly always evident by the age of three years.

In association with the corneal opacity there may be megalocornea, and raised tension with buphthalmos is also recorded. There is a tendency for the orbits to be widely spaced.

Morquio's disease (hereditary osteochondrodystrophia)

Dwarfism occurs, with a large head and very short neck. The orbits are widely spaced, but no changes occur in the eyes themselves. There is marked thoraco-lumbar kyphosis and flexion deformities of the hips and knees.

Mongolism

Possibly something over half of these patients exhibit a punctate form of cataract surrounding the lens nucleus; the changes usually are not seen in the very early years and may not develop till ten years or older.

Vitamin Deficiency

It may perhaps be held that vitamin deficiency is not in itself a metabolic disease so much as a form of malnutrition, and that it hardly enters within the scope of the present discussion. In point of fact xerophthalmia, as a part of vitamin A deficiency, is the only symptom with which I am familiar and of this I have not seen a case for nearly 20 years.

Cataract has a relation to vitamin C deficiency but not, to my knowledge, in children. It is however interesting, and may be of significance, that Franceschetti has recorded an increased number of amino-acids in the urine of a small series of children having congenital cataract. As a rule only four or five amino-acids are found, but in some of these children eight or more were detectable by paper chromatography. What is more suggestive of a metabolic defect is the fact that the same increased amino-aciduria was found in some of the parents, even though they were themselves free from cataract.

Further Inquiry Needed

The future progress of our knowledge may rest on the biochemical secrets which are likely to be unravelled during the next few years. Possibly we shall then find that other obscure ocular diseases, for which we have as yet no satisfactory etiology, are explained as deviations of metabolism. I hope that this short survey of the present position, based on the experience arising from a large Children's Hospital, may stimulate interest and further inquiry.

So many of the conditions described have first been brought to my notice by my colleagues on the staff of the Birmingham Children's Hospital, where alone the opportunities to observe such a group of cases can occur, that I am glad to record my debt to my colleagues for bringing cases to my notice.

Summario in Interlingua

Lesiones ocular characteristic de cysteinosis, galactosemia, morbo de Tay-Sachs, morbo de Niemann-Pick, degeneration cerebromacular, morbo de Hand-Schüller-Christian, morbo de Gaucher, degeneration hepatolenticular, morbo de Hurler, morbo de Morquio, mongolismo, e carentia de vitaminas es discutite per un distinguite ophthalmologo anglese.

51, Calthorpe Rd., Edgbaston

Nearly 17,000 blood transfusions were given in Hawaii during 1956. Some problems incident to this procedure are discussed.

Some Problems in Blood and Plasma Replacement

CHARLES S. JUDD, JR., M.D., and ROGERS LEE HILL, M.D., Honolulu

THE FIRST successful transfusion of blood from one animal to another was accomplished in 1665 by Richard Lower at Oxford. In Paris the following year, Denys transfused a youth of fifteen with nine ounces of blood from the carotid artery of a lamb. Shortly after this, because of severe reactions from the use of sheep's blood, transfusions fell into disrepute for about 150 years. James Blundell, an obstetrician at Guy's Hospital, revived interest in transfusion in 1817, when he advocated the administration of human blood for overwhelming puerperal hemorrhage. He devised an apparatus using a simple syringe and a three-way valve much like those in use today. Reactions were frequent and troublesome, however.

Transfusions, 1900-1956

It has been estimated that less than 400 blood transfusions had been given prior to 1900. In that year, Karl Landsteiner observed that human blood contains iso-agglutinins, capable of agglutinating other human red corpuscles. He described three different types of blood which he believed were manifestations of constitutional difference. Shortly afterwards, a fourth type of blood was described by Decastello and Sturli. A practical result of immense importance emerged: the safe transfusion of whole blood. Landsteiner was awarded the Nobel prize for his work.

It has been estimated that in the year 1956, 16,700 blood transfusions were given in the Territory of Hawaii.[1] Thanks to the excellent services of the Blood Bank of Hawaii, we can order blood in any reasonable quantity and have it quickly available for use. We have come to rely on the use of transfusions almost routinely in any large operative effort. They are an adjuvant to surgery almost as important and valuable as anesthesia. They have eased the tension of the nineteenth century operating room, and they have helped largely to eliminate the necessity for haste in surgery.

Blood Loss Harmful

Loss of blood during an operation is not comparable to a donor giving a pint of blood at a blood bank. When a surgical patient has anemia or a malignant disease, the need for blood replacement at operation will often manifest itself in changes in the patient's vital signs. Blood loss, without replacement, may precipitate an arterial thrombosis. A diseased myocardium, or insufficient liver or renal parenchyma, are often jeopardized. Hayes[2] has pointed out that hemorrhagic shock may produce serious renal impairment despite absence of clinical signs of overt renal failure. He studied patients with 18-hour concentration tests for tubular function, and the urea clearance test for glomerular function, and found marked impairment where blood loss had been significant despite absence of signs of renal failure.

On the other hand, the administration of blood transfusions is not without risk. Mention is often made of transfusion reactions. Surgeons cite cases of their own experience. Many have learned that the giving of a transfusion is not always an innocuous procedure. A perusal of hospital record library files, however, is not very rewarding as far as finding recorded cases is concerned.

20 Consecutive Mastectomies

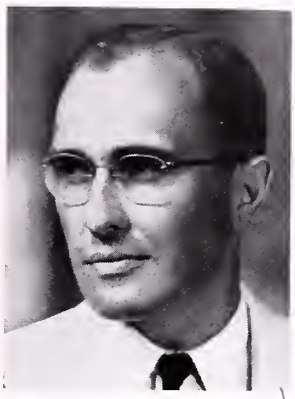
In this connection, we elected to evaluate the performance of one specific type of operation at The Queen's Hospital during 1956 and its relationship to blood loss and risk of blood replacement. We chose radical mastectomy because we felt that it was an operation in which there was

From the Department of Surgery, The Queen's Hospital, Honolulu.
Read at the Annual Meeting of the Hawaii Chapter of the American College of Surgeons, Princess Kaiulani Hotel, January 21, 1958.

[1] Blood Transfusions in the United States. J.A.M.A. 165:1135 (Nov. 2) 1957.

[2] Hayes, M. A.: The influence of shock without clinical renal failure on renal function, Ann. Surg. 146:523 (Oct.) 1957.

moderate unavoidable blood loss. The series included 20 such operations. The oldest patient was 76 and the youngest 29. There was no operative mortality and little morbidity. In every case blood transfusion was administered; the patients received from 500 to 1000 cc of blood each. There was no significant drop in blood pressure during operation in any case, and it required anywhere from 65 minutes to 5½ hours for the operations to be performed. There was no evidence of blood transfusion reaction, or any complication of the administration of blood. We cite this series as a credit to the surgery and the blood bank of this community.



DR. JUDD

Transfusion Reactions

The good results in this small series might be misleading as regards the incidence of some complications of transfusions, however. The complications that do occur arise without warning. We are all familiar with the pyrogenic reaction which is said to occur in three to six per cent of all transfusions.[3] This often manifests itself by chills or fever during or shortly after the transfusion, and is usually due to breakdown products in the tubing or glassware.

A second reaction is the allergic one, usually appearing as urticaria, and being caused by sensitivity on the part of the recipient to a foreign protein in the plasma of the donor, or to antibodies from a sensitized donor.

A third and more serious reaction is the hemolytic one, which follows agglutination of the donor's cells by the serum of the recipient in cases of mis-matching under the ABO or Rh systems. It may reveal itself with such generalized signs as restlessness, tachycardia, hypotension, nausea, vomiting, precordial pain, flushing, and chills. During surgery, with the patient under general anesthesia, such a reaction may go unrecognized and should be watched for. The first five minutes of any transfusion are the most critical, and vigilance is paramount during this period. A hemolytic reaction may result in renal shutdown, which carries a high mortality.

Administrative, clerical, and technical difficulties may complicate transfusions. Contamination of blood by bacteria, treponema, or plasmodia is a problem which has been obviated by careful screening at the blood bank. Too rapid administration of blood may result in a speed reaction and give rise to venous congestion and pulmonary edema. Air embolism is a disaster which may be prevented by the use of plastic blood containers which are compressible, and tubing which contains no air trap, although the use of such an apparatus may give rise to hemolysis. Another hazard lies in the giving of banked blood to patients with an elevated plasma potassium level, since this may cause potassium intoxication.

Transfusion Jaundice

The problem of transfusion jaundice may be divided into two components: hemolytic jaundice, which results from breakdown of donor cells in the circulation of the recipient after transfusion; and homologous serum jaundice. The latter occurs usually where there is penetration of the skin by a needle or instrument which harbors the virus, or where blood or plasma containing the virus is transfused. The incubation period is usually from 60 to 160 days, and the source of the agent is sometimes difficult to locate. The onset may be insidious, with anorexia and fever. Icterus usually follows, along with hepatomegaly.

There is no cross-immunity with the similar entity known as infectious hepatitis. It is doubtful whether any of the methods of killing the virus in plasma, such as storing pooled plasma at room temperature for six months, are wholly effective. The incidence of this entity at The Queen's Hospital, is significant. In 1956 there were six cases. In five of these, the patients had received blood from 47 to 148 days previously. In two of the cases, which were severe burns, plasma as well as blood had been given.

Fibrinolysis

A final entity which often presents a problem associated with blood replacement is fibrinolysis. This terrifying and often catastrophic phenomenon may manifest itself in general surgery by insidious bleeding during or after an operation, from every cut surface in the operative field. The hemorrhage persists despite compression. It has been described in cases of carcinoma of the prostate and in other malignant diseases, as well as in cases of inflammatory diseases.

It has been postulated that this process is due to an enzyme, fibrinolysin, which is activated from a precursor normally present in the blood. Clotted blood from such a patient will undergo lysis upon standing, and serum from such a patient will lyse clotted blood of another individual. This pheno-

[3] Rath, C. E.: Hazards of blood transfusions, G.P. 7:66 (June) 1953.

menon is part of or similar to the afibrinogenemia which has been noted in obstetrics in cases of abruptio placentae, amniotic fluid embolism, and retention of a dead fetus in utero.

An explanation for the afibrinogenemia in abruptio placentae is as follows:[4] due to the hemorrhage which occurs, the blood is depleted of its fibrinogen, which goes into the retroplacental clot. Some decidual products containing thromboplastin are reabsorbed into the maternal circulation generally, to cause intravascular formation of fibrin, which further depletes the fibrinogen stores. In amniotic fluid embolism, the fluid is high in thromboplastin, and this causes defibrination of the blood. When afibrinogenemia is suspected in massive postpartum bleeding, a simple fibrinogen index can be run, or a fibrinogen level of the patient's plasma can be measured. A level of less than 175 milligrams per cent should make one suspicious of afibrinogenemia.

The problem is a complex one. Fortunately the response to treatment with fibrinogen intravenously is usually dramatic. With early recognition of the phenomenon, treatment can be instituted and the patient saved. In our own community in the past two to three years, at least ten cases of afibrinogenemia have been observed on the obstetrical services. In the majority of these, abruptio placentae was the pathological finding, and the response to intravenous fibrinogen, which was provided by the blood bank, was good. In general surgery, three cases have occurred at The Queen's Hospital in the past five years.

Replace Lost Blood Quantitatively

Surgical mortality is at a low level at present, and our further gains in safeguarding the surgical patient will be marginal ones. Nevertheless, if we can prevent an unfortunate accident by simple measures, our time will be well spent. A rational approach to the problem of blood replacement in surgery is to make some kind of estimate of actual loss of blood at the operating table, and then replace it, cubic centimeter for cubic centimeter.

Our best method to date for this estimate is by the weighing of sponges.[5] Large sponges, known as tapes, are used exclusively, and are used dry. Their weight is recorded. After use in the operative field, during which time a tape absorbs some blood, it is weighed again, and the difference between the two weights recorded. These differences in weights of all tapes used are added up, along with the amount of blood in the suction trap bottle, to give the total blood loss. The method is facilitated by the use of a dietetic scale. The estimate will vary with the vascularity of the patient and the care taken by the surgeon. It is a rough estimate at best. Blood on drapes and instruments, and in organs removed, must also be accounted for. It does provide a key, however, to the amount needed for replacement to maintain homeostasis and prevent such complications as shock, anoxia, renal insufficiency, and cardiac arrest.

ESTIMATED BLOOD LOSS BY SPONGE WEIGHT METHOD

Ovarian cystectomy	150 cc.
Thyroidectomy	212 cc.
Cholecystectomy	345 cc.
Gastrectomy for duodenal ulcer	800 cc.
Radical neck dissection	1035 cc.
Radical mastectomy	1052 cc.
Pancreatoduodenectomy (Whipple)	3000 cc.

During the past sixteen months, an attempt has been made by several surgeons at The Queen's Hospital to estimate blood loss by this method at the operating table, and to replace the blood lost at optimum rate and in optimum amount. The results have been good, and it has been our impression that these patients were more free from untoward changes, such as a drop in blood pressure or a rise in pulse, than usually. The following are estimates made of blood lost at several major operations of the past several months: ovarian cystectomy 150 cc., thyroidectomy 212 cc., cholecystectomy 345 cc., gastrectomy for duodenal ulcer 800 cc., radical neck dissection 1035 cc., radical mastectomy 1052 cc., and pancreatoduodenectomy (Whipple) 3000 cc.

This method of an attempt at estimating blood loss is a technique which is simple and yet valuable. It is a salute to the thinking of William Halsted, who practiced the following fundamental principles over fifty years ago: Every operation, whether unusual or commonplace, must be performed with the utmost care. Tissues must be handled with the greatest gentleness. The field of operation should be unstained with blood. A step must never be taken blindly. The time required to complete an operation is subordinate to accurate and thorough performance.[6]

Summario in Interlingua

Le autor discute certe problemas relationate al transfusion de sanguine, incluse reactiones transfusional, jalnessa de transfusion, fibrinolyse, e le desirabilitate del reimplaciamento quantitative de sanguine perdite durante le operation chirurgic.

[4] Schneider, C. L.: Mechanisms of production of acute fibrinogen deficiencies. Progress in Hematology, I, 202, Grune and Stratton, 1956.
[5] Wangensteen, O. H.: The controlled administration of fluid to surgical patients, Minn. Med. 25:783 (Oct.) 1942.
[6] Crowe, S. J.: Halsted of Johns Hopkins, C. C. Thomas, 1957, p. 146.

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The authors are indebted to Miss Ardis Alfrey and the staff of the Medical Record Library, The Queen's Hospital, for their valuable assistance in the preparation of this paper.

Case Report

WARTHIN'S TUMOR

THOMAS W. COWAN, M.D., Honolulu

DR. A. S. WARTHIN, in 1929, reported two cases of a benign parotid gland tumor composed essentially of a papillary epithelial component intermingled with well-developed lymphoid tissue containing many germinal centers.[1] He at the same time acknowledged that Dr. H. Albrecht and Dr. L. Artz had, in 1909, recognized this type of tumor and had fixed to it the longer descriptive name of papillary cystadenoma lymphomatosum.[2]

These tumors are designated as "mixed." They are rounded, smooth, and vary from firm to fluctuant. They may be confused clinically with lymphomas if they have no distinct anatomical relationship to a major salivary gland.

Gross surgical specimens usually show an encapsulated, rounded mass, not exceeding six cm in diameter. The mass is usually solid, but may be cystic, with a thin wall, containing a mucoid fluid with cholesterol crystals in it. The cyst may be partially divided by incomplete septa, making it appear multilocular. Microscopically, the acidophilic epithelial component is arranged in tubules lined by columnar cells and covered by cuboidal or rounded ones.

The original authors felt that these tumors were the result of heterotopic salivary gland tissue growth in regional lymph nodes.

These tumors are not particularly rare, but in New York City from 1930 to 1949 there were less than three of them a year reported among 766 parotid gland tumors at Memorial Center. Only four of 44 cases at Memorial were females. Six were bilateral. The age span was 30 to 74.

The growth of these tumors is painless and slow, and recurrence following extirpation is more common than it is for mixed tumors of the parotid gland.

Case History

A 57-year-old Japanese housewife was seen because of a painless mass under the right ear of five years' duration. She had been seen here in 1951 for what was thought to be a lymph node behind the right ear, and again in 1953 for fatigue; no mention of any nodule or mass was made at the second visit.

The general physical examniation, including laboratory work, was essentially negative.

The clinical picture was that of a nodular, painless mass five by four by two cm, occupying the lower third of the right parotid region and extending down below the ramus of the mandible. There was no skin dimpling. The central portion of the mass was occupied by a fluctuant area which gave the impression that the skin was the only barrier between a fluid sac and the outside. The remainder of the major salivary glands were negative.

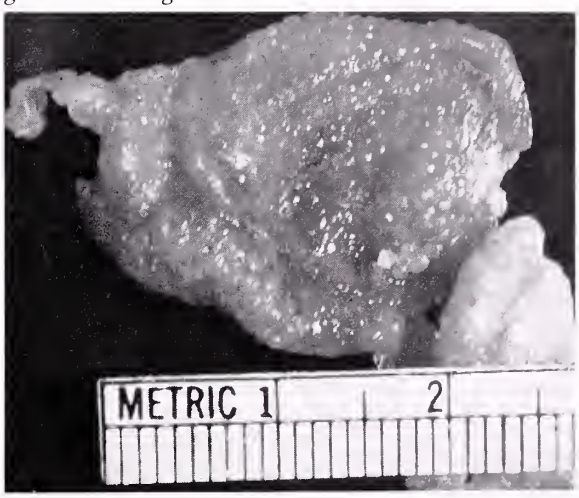


FIG. 1.—The internal lining of the cystic tumor. The tiny nodules are lymph follicles.

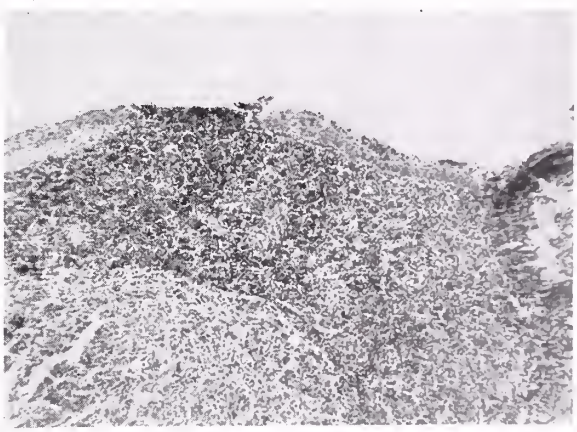


FIG. 2.—The stratified epithelium (atypical for this tumor) lining the cyst, with underlying lymphoid tissue, including a germinal center, in the wall, X 120.

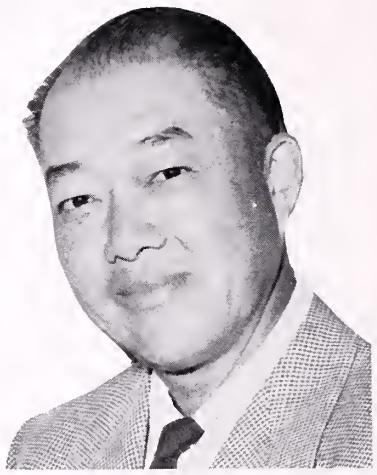
Under local anesthesia about three cc of thin yellowish fluid was aspirated from the central area of fluctuation. This reduced the skin tension bu did not alter the size of the main mass. Laboratory studies of the specimen failed to reveal any malignant cells.

(Continued on page 485)

[1] Albrecht, H. and Artz, L.: Beiträge zur Frage des Gewebsverirrung Papilläre Cystadenome in Lymphdrusen, Frankfurt: Ztschr. f Path. 4:47-69, Pl. 4-5, 1910.

[2] Warthin, A. S.: Papillary Cystadenoma Lymphomatosum, J. Cancer Research 13:116-125, 1929.

The President's Page



B. Chang

SAMUEL L. YEE, M.D.

The President's page will soon have a new editor. Of those who will be reading this message, I ask indulgence, since the affairs of the Association have so multiplied that no one person could possibly relate, on one page, the whole story.

The job of the President is becoming more and more time-consuming each year. During the past twelve months, new projects necessary to the Association were undertaken with general success. However, participation in affairs of national scope had not been attempted. More time must be spent and more help will be needed. I hope, too, that our treasury will be in such sounder condition this following year as to enable your President to make visits to the neighbor islands.

I strongly urge that the membership continue to express its interest in Medicare, Civil Defense, Physician's Aid Fund, Workmen's Compensation and local medico-legal problems which have increased to the extent that concerted thought and action might be desirable. Your support is necessary and will provide the encouragement to those who are doing the actual work.

To our new president, Dr. William Bergin, I wish a magical discerning mind, a gentle direct approach, a flowing pen, and a fulfilling administration. I bequeath to him a sagging brow and a host of wonderful colleagues, indeed.

Samuel L. Yee, M.D.

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[EDITORIALS]

Nuclear Tests vs. Human Life

A substantial minority of thoughtful scientists (and perhaps no less thoughtful pacifists) views the testing of nuclear weapons as an intolerable crime against humanity. Every weapon tested, they say, increases the total amount of background radiation and exacts its toll of human life by causing some cases of leukemia, other cancer, or shortening of life span. They believe this is indefensible, and that the only answer to it is to abandon such tests.

Bertrand Russell, though an implacable foe of Communism, subscribes so strongly to this view (and so greatly fears nuclear warfare as a further consequence) that he advocates banning of further tests by the West, despite his conviction that this would lead to world Communism. He argues that Communist domination would only last a century or two—an argument that will not reassure many who are alive in 1958!

It is claimed by a majority (or at least a larger minority) of scientists, that the evidence for significant increase of human mortality through testing of nuclear weapons is inadequate and unconvincing. The weapons are becoming "cleaner," they say, and anyway they increase background radiation very little as it is; furthermore, we aren't absolutely certain that such radiation *does* cause leukemia or other cancers. One can hardly ignore the fact, however, that these men are for the most part deeply involved in the invention and testing of such weapons, and may be supposed to be somewhat prejudiced.

We do not insist that their arguments are sound. We are willing to stipulate, in the legal phrase, that the testing of these weapons *may* kill a few score or even a few hundred human beings before their normal life span has run. We do not believe that this, even if it is true, is a valid argument against continuing the testing program. And here is why:

Philip Wylie wrote somewhere that the American public had once been faced with a choice between sharply restricting the use of automobiles, or getting used to seeing blood running in the streets. They had long since decided, he said, to get used to the blood—and had done so.

There are other examples (though none quite so vivid) which show, as this shows, that the value placed on human life by the human race is only a relative one. If a threat to human life is sufficiently useful, or convenient, or profitable, or just unpleasant to go without, the human race is perfectly willing to tolerate it.

Automobiles kill tens of thousands of people every year, and we do not outlaw automobiles or even restrict their use to a reasonable degree. Wars kill thousands of people who were innocent of causing them, and we tolerate wars; most of us even make shift to approve of them after a fashion. Quack healers, patent medicines, and advertisements urging self treatment unquestionably kill a few people each year, and there is no public outcry; we seem to assume that, as Mencken put it, these victims must have been badly wanted in Heaven.

It may be argued that this relatively low value placed on human life bears no real relation to the value placed on his own life by any one individual. This is true; but we doubt that it is at issue. The potential victims of the radiation hazard are not identifiable in advance, and the valuation has to be a general, nonspecific one, applicable to the

whole human race, or at least to whole national populations. If the eventual victims cannot complain, who then may appoint himself spokesman for the American people—much less for all humanity?

When the world has matured to the point where the earth's population can make decisions for the people of various nations, nuclear weapons testing will be unnecessary. Until then, such testing *is* necessary—necessary as judged by today's standards and values; necessary to the Russians; necessary to the western world; as necessary, anyway, as automobiles—and surely not anywhere near as lethal!

Give to Your Library!

The high standard of medical practice in which Hawaii's physicians have long taken justifiable pride carries with it the responsibility for maintaining a good medical library. This we have done, and are doing. Our medical library is a good one; but like any good library, it is growing. It is in serious need of new quarters.

These new quarters have been planned. The Queen's Hospital has leased sufficient land, mauka of the Mabel Smyth Building, for 99 years at a dollar a year, and offered to match construction costs up to $150,000. The Library Board of Governors now proposes to enlist the support of the business community in obtaining the funds needed to erect the new building which has been planned.

It is right that the community should assume part of the financial burden for such a quasi-public institution; but the primary responsibility still belongs to the medical profession. Many doctors who were in practice here fifteen or twenty years ago gave generously to the Library Endowment Fund at that time. Many younger men, however, have made no substantial donation to it as yet.

Public support for our new Library building will take its cue from the support we doctors give it. The outstretched palm is everywhere—but this palm is our own. The need is very real; the goal very much worth while. The Library Board and its fund-raising committee have, of course, made no suggestion about the size of contributions; but this is no occasion for a token donation of five or ten dollars. Two hundred—or, if you haven't given previously, three hundred, paid off in a year or two—would be more like it. It's a tax deduction. Be generous—to yourselves.

Hawaii Summer Medical Conference

July 1, 2, and 3, 1958, are the dates for the first Hawaii Summer Medical Conference, a postgraduate session which will provide a worthwhile program to attract physicians from the Mainland. It is timed to permit doctors to come here following the annual meeting of the American Medical Association in San Francisco, June 23 to 27; but it is *not* a "post-convention tour"—it is a bona fide medical meeting, which of necessity possesses the added attraction of being held in a beautiful scenic setting with wonderful weather and a variety of entertainment.

We have always taken a dim view of the "post-convention tour" as a patently dishonest device for turning a vacation into a tax-deductible enterprise. It appears that the Internal Revenue Service is beginning to take a similar view, if they have not already done so. The pretense that money obviously being spent just for fun is really being spent for professional purposes is a pretty transparent one, verging perilously upon actual fraud.

This does not justify the supposition hinted at in the Questions and Answers columns of the *J.A.M.A.* for last February 22, however, to the effect that overseas travel to medical meetings in resort areas is apt to be classified as recreational and not professional by the Internal Revenue Service. On the contrary, Gerald Gross' *Washington Stethoscope* for last April 30 says that recreation engaged in during a trip to a professional meeting will *not* prevent the taxpayer from deducting the expenses incident to attending the meeting. Newly published regulations, says Mr. Gross, indicate greater leniency than before, rather than less, in making such determinations.

So by all means come, if time permits, to the Hawaii Summer Medical Conference—and urge your friends to do so! It is a legitimate professional meeting, and you may relax and enjoy the delights of our Pacific Paradise afterward without fear that this will jeopardize your status with the Internal Revenue Service.

This is What's New!

The **caduceus,** as the trade mark of the medical profession, is under fire again, this time in the *New England Journal of Medicine*. The use of Mercury's winged staff with the two snakes entwined about it has long bothered many, including the editor of this JOURNAL. It has particularly irked the scholarly physician who remembers that Mercury is the god of thieves and the conductor of departed souls to the lower world. Much more appropriate would be the **staff of Aesculapius** with a single serpent twisted about it, as illustrated on the front of this JOURNAL. [Unfortunately, this particular serpent looks much like a dollar sign when viewed from inside the entrance to the Mabel Smyth Building, housing the Medical Society.] At any rate the Army Medical Corps is apparently responsible for this deplorable situation, having adopted the caduceus for its uniforms in 1881. [It was added to the chevrons of U. S. Army hospital stewards in 1856.—ED.]

A quick look at a few medical journals reveals the following: *The New England Journal* with Bostonian propriety has a single snake wound about Aesculapius' staff. The cautious *J.A.M.A.* in February, 1958, has printed for the first time in the upper right-hand corner of the front page a tiny, but proper, emblem no larger than the head of a thumb tack. *Postgraduate Medicine* creates an interesting little bastard by carefully unwinding one serpent from Mercury's staff, then apparently as an appeasement to the messenger of the gods, tacks on one wing (partly from the *New Eng. J. Med.* [Feb. 13, 1958].

* * *

In the very next issue of the same journal, investigators from the same institution note that **iproniazid,** detailed as **Marsilid,** causes an elevation of nor-epinephrine and serotonin in the rabbit's brain. This drug has been useful in the treatment of mental depressions in humans and may also be beneficial in depressed rabbits and bananas. Marsilid is incidentally being used with much caution, of late, in Honolulu because of a half dozen or so patients developing severe jaundice while on this drug. There have been several deaths in the Territory possibly due to Marsilid.

* * *

Three and one-half million dollars worth of **meprobamate** (Miltown and Equanil) were sold over the counter without prescription in **Japan** in 1957 (*Brit. Med. J.* [Mar. 8] 1958).

Nobel prize winner Philip Hench gives some advice on the use of the drug that brought him world-wide fame. In a list of **cortisone commandments,** he gives much sound advice, along with some recommendations that appear impractical to the physician far from the Ivory Towers. He suggests, in his initial dose schedules, taking the medicine every six hours, with one dose being administered at midnight. One also wonders about his suggestion that thirty minutes or so may be required on each visit to determine the next adjustment of the cortisone. He regards "cortisones" (his word for the adrenal hormones, and their synthetic analogues, with a cortisone-like effect) as the remedy of choice in about 30 nonhormonal diseases. His list includes severe bronchial asthma, hemolytic anemia, rheumatic fever and others. Cortisones in treatment of rheumatoid arthritis, where cortisone was first used, are considered as treatment number two, with aspirin and physical therapy being number one (*Scope* Wkly. [Apr. 9] 1958).

* * *

The necessary meandering of scientific investigation is pointed up in several articles appearing in *Science*. During the past two years, **serotonin** and **nor-epinephrine** have been studied in the brain. There is fairly good evidence that these substances may be important in the chemical explanation of normal and abnormal mental processes. Investigators at the National Heart Institute now find that the **banana** has both these substances. What right the bananas have to these exotic substances is anyone's guess. In any event, patients consuming large amounts of bananas may have chemical abnormalities compatible with carcinoid tumors, pheochromocytomas, or mental diseases (*Science* [Mar. 21] 1958).

* * *

The **DT's** are best treated by the abrupt withdrawal of alcohol and the substitution of **promazine hydrochloride** in a dose of 200 or 300 mg, intramuscularly, according to a Jersey City expert. The mortality of this condition, which was about 10 percent, was reduced to zero in his last 87 cases. He also is a staunch supporter of those who realize that the DT's are not a withdrawal symptom; this has been known for approximately twenty-odd years, but still the DT's are frequently regarded by physicians and even alcoholics as withdrawal symptoms (*J.A.M.A.* [Feb. 15] 1958).

F. I. GILBERT, JR., M.D.

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Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

References: 1. Grieble, H. C. and Jackson, G. G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958. 2. Editorial *New England J. Med.* 258:48-49,1958. 3. Jones, W. F., Jr. and Finland, M., Sulfamethoxypyridazine and Sulfachloropyridazine. *Ann. New York Acad. Sc.* 60:473-483, 1957.

*Reg. U. S. Pat. Off.

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Perhaps It's Their Nerves

The Family Doctor Gets a Couch

As we cast our eyes over the number of emotionally sick human beings, we are struck by the fact that it is not the psychiatrists who will handle the bulk of them. If they are to receive help from men of medicine, it must largely come from general practitioners, internists, surgeons, and other specialists who are daily faced with the problem. Psychiatrists are too few and must function as therapists for especially difficult cases, as teachers, as consultants, as researchers.

This is all very well but, the doctor asks, "How does one go about it?" The doctor will often say that his practice is too filled for him to have time for these people. A deeper look, however, will bring recognition that they *are* his practice. The psyche and the soma are never separate. But here we are speaking not of that simple fact, rather of those people who come with handicapping emotional difficulties.

Before we treat, we always diagnose and evaluate the person's condition. This includes, of course, his emotional and mental condition—after all, they are part of him. People who are anxious fearful, depressed, demanding, and irritable usually provoke anxiety in others, including their doctor. Unfortunately, this may quickly lead to a rejection of the patient in one way or another. Ability to see beyond this unpleasant symptom helps to prevent rejection and leads to more useful ways of dealing with the patient. The distressed person behind the symptom can be seen, and the doctor's age-old role of easing pain will come naturally.

To see beyond the symptom requires not only interest, but also some training and experience in the meanings of behavior. So, too, does the ability to know what to do for the patient. A reading list at the end of this article gives books and papers dealing with several types of everyday problems of medical practice. After reading even one of these books or articles, the doctor will be intrigued to find a familiar ring to the cases and methods discussed. In the absence of practical psychiatric training, reading can give much help and better familiarity with ways of evaluating and helping. These references will also help in realizing limitations and alternatives, since it is an unnecessary stress on both doctor and patient to attempt the handling of a too-difficult case.

"Book-learning will not a psychotherapist make," but practical guides can be picked up. General practitioners can utilize a type of psychotherapy which employs reassurance, education, and emotional support. Psychotherapy has been spoken of as the use of psychological measures in the treatment of sick people. There are several types of this therapy; one broad type is mentioned above. The doctor-patient relationship is just as basic here as it is in psychoanalysis but the use is different.

The doctor's help may be needed in a variety of situations. A common one is the patient with an organic illness who does not respond to the ordinary medical manipulation, surgery, or medication, and who may even get worse. Another is the condition in which somatic changes develop in response to important alterations in the emotional life of the person, such as ulcers or asthma. A frequent visitor to the doctor is the person who has many unaccountable physical complaints and who the doctor intuitively knows must be emotionally distressed. The condition in which the emotional conflict produces mainly psychological or mental symptoms also repeatedly comes to our attention.

With the exception of the last group, most of these patients will never come to the attention of a psychiatrist and must be handled by other helping persons. Probably, his family doctor.

It may be that the greatest deterrent to handling emotional problems in a general practice of medicine is a lack of familiarity with ways of helping. Many articles and a few books have been written to help the non-psychiatric physician with this problem. A few are suggested here. Good "hunting"!

General

M. Levine: *Psychotherapy in General Practice.* New York, The Macmillan Co., 1949.

C. K. Aldrich: *Psychiatry for the Family Physician.* New York, McGraw-Hill Book Co., 1955.

C. Binger: *The Doctors Job.* New York, Norton, 1945.

Psychiatric Emergencies

M. A. Lipton: *The Recognition and Management of Psychiatric Emergencies.* M. Clin. North Amer. 38:143, 1954.

Problems of Children

H. Bakwin: *Etiology of Behavior Disorders in Children.* Post-Graduate Medicine, 9:260, 1951.

I. S. Black: *Everyday Problems of the Pre-school Child.* J. Pediatrics, 41:233, 1952.

B. H. Hall: *General Medical Practice and the Emotion Problems of Children.* J. Kansas Medical Society, 50:334, 1949.

Mental Illness

E. Stern: *Mental Illness: A Guide for the Family.* New York. Commonwealth Fund, 1945.

(Continued on page 485)

In Memoriam--Doctors of Hawaii--XIV

This is the fourteenth installment of In Memoriam—Doctors of Hawaii.

Henry L. Hayes

Henry L. Hayes, born in 1867, was the son of Henry G. Hayes, one time editor of the New York Herald.

His medical degree was granted by Georgetown University in 1890 and he also studied at Johns Hopkins University as well as in Vienna, Berlin, and Dublin. He practiced in Washington, D. C.

Dr. Hayes came to Hawaii first in 1898, as secretary to the Annexation Commission. He liked Hawaii so well that in 1900 he returned to make his home in Hilo. From 1900 to 1911 he practiced in Hilo.

He was married to Edna Proctor Clarke and had one son, Henry Gillespie, born in Hilo.

During World War I, he served in the Army Medical Corps. Later he entered the Public Health Service and also served in an advisory group to the central bureau of appeals of the Veterans' Bureau. In 1930 he was detailed to special service in San Francisco.

Dr. Hayes died September 21, 1931, in Monterey, California. He was past commander of the Stuart Walcott American Legion Post in Washington and a member of the Washington Arts Club.

Richard John Wilkinson

Richard John Wilkinson was born in Dublin, Ireland, on August 23, 1870, the son of Richard John Wilkinson, Senior. His father was engaged in missionary work in Dublin and South Africa and was president of the Y.M.C.A.



Young Richard's medical education was received at Trinity College, Dublin.

Dr. Wilkinson came to Kauai in 1900 and spent seven years as resident physician at Lihue and Makaweli plantation hospitals.

In June, 1901, Dr. Wilkinson married Leonetta Maud Rankin at St. Clement's Church in Honolulu. In the following years, a daughter, Mary Grace (Mrs. Stanley Potter of West Sussex, England), and a son, Gordon S. Mervyn (of Maui), were born to the doctor and his wife.

In 1907 Dr. Wilkinson returned to Ireland and England to engage in private practice. From 1914 to 1925 he was medical director for the British Embassy in Tokyo. During his years in Japan, Dr. Wilkinson did missionary work in Tokyo and served as superintendent of St. Luke's Hospital in the same city.

Returning to the Islands in 1925, he became resident physician for the Hawaiian Pineapple Company at Lanai City, Lanai. In 1935 Dr. Wilkinson moved to Wahiawa, Oahu, where he served as police surgeon and established a drug store which he operated up until his last illness.

The doctor was interested in hunting and collecting stamps and was a crossword puzzle fan.

Dr. Wilkinson died in Honolulu on January 17, 1946, at the age of 73. He was a 32d degree Mason and past grand master of the Tokyo Lodge.

William Gibson Rogers

William Gibson Rogers was born in Greenfield, Ohio, on February 14, 1864, the son of Thomas Dixon and Jane Elizabeth (Beatty) Rogers. He was the great-grandson of William Rogers, one of the first settlers west of the Ohio River in 1790.

He was educated at district school and Salem Academy and received his medical degree from Pulte Medical College, Cincinnati, Ohio, in 1891.

Following his graduation, Dr. Rogers began his practice in Washington, Ohio. In 1893 he moved to Greenfield. Ohio, where he remained for the next six years. On September 18, 1889, Dr. Rogers married Miss Janet Smalley in Greenfield.

From 1899 to 1900 Dr. Rogers lived in London where he took a special course at the Royal Ophthalmic and Central London (ear, nose and throat) Hospital. At the conclusion of his studies, he came to Honolulu in November, 1900, and opened an office, specializing in diseases of the eye, ear, nose, and throat.

In 1904 Dr. Rogers took a postgraduate course in the Manhattan Eye, Ear, Nose, and Throat Hospital in New York. This was followed by additional training in his specialty at the Post Graduate Hospital, New York, in Vienna in 1909 to 1910, and at Chicago Polyclinic Hospital in 1916.

During 1917-1918 Dr. Rogers served as eye, ear, nose, and throat consultant for the selective service Medical Advisory Board.

The doctor married Maude Burgess in 1925.

Dr. Rogers died on September 28, 1936, in Honolulu at the age of 72. He was a member of the Medical Society of Hawaii, serving as president in 1910-1911, and belonged to the University Club and to the Oahu Country Club.

Jonathan Titus McDonald

Jonathan Titus McDonald was born in Cambridge, New Brunswick, Canada, on May 4, 1853. He was the son of Lewis and Martha (Titus) McDonald.

He was educated in the public schools of New Brunswick and at Kent's Hill, Maine. In 1880 he was granted an A.B. degree from Colby College in Maine. In 1884 he received his medical degree from Cooper Medical College (now the medical department of Stanford University).

Dr. McDonald practiced in San Francisco from 1886 to 1900.

On November 27, 1887, he married Clara Rebecca Hutchins in San Francisco.

During the period from 1892 to 1893 Dr. McDonald took postgraduate work and attended lectures and clinics in New York and London. Colby College granted him an A.M. degree in 1895.

In 1900 Dr. McDonald came to Honolulu, where he was pathologist to the Board of Health from 1901 to 1910. From 1904 to 1918 he was visiting physician at The Queen's Hospital. In 1918 Dr. McDonald became Director of the U. S. Leprosy Investigation Station and also attending physician to the Kalihi Hospital (leprosy) from 1918 to 1921.

Dr. McDonald left the Islands on March 30, 1921, and from that time until his death he made his home in San Francisco. Dr. McDonald died on May 3, 1934, at the age of 81. He was a naturalized American citizen. He was a member of the San Francisco Medical Society, the Medical Society of California, American Medical Association, and the Medical Society of Hawaii, serving as president in 1905.

George L. Fitch

Nothing is known about the early life of George L. Fitch.

In the course of a libel suit in Honolulu in 1883, Dr. Fitch testified that he began the study of medicine in March, 1865, in Eldorado County, California, with Dr. M. F. Clayton and was there 13 months until his money gave out, when he went to San Jose and San Francisco and continued to study. He studied with Dr. W. Lyndorf, but it is not clear whether this was at San Jose or at San Francisco. In 1867 he studied under a Dr. Coleman. In June, 1869, he attended Toland Medical College in San Francisco, and his medical degree was granted from the Bellevue Hospital Medical College, New York City, in 1870.

Dr. Fitch came to Honolulu in November, 1881, to become medical superintendent of the branch hospital at Kakaako which cared for patients until their cases were clearly diagnosed as leprosy. From 1882 to 1884 he served as physician at the settlement at Molokai.

In his book, "The Path of the Destroyer," Dr. Arthur Mouritz says, "Dr. Fitch was the leading exponent of the unproved doctrine 'that leprosy was the fourth stage of syphilis' and a scrofula, hence noncontagious and noncommunicable." This was a theory held by few, if any, local doctors, and Dr. Fitch was denounced as a charlatan, knave, and quack in the press. In 1883 he sued the *Saturday Press* of Honolulu for libel, and, in the subsequent trial held in July, 1883, he lost his case.

Whatever the opinion of his own profession, the doctor was very popular with the Hawaiians, the court, King Kalakaua and Queen Kapiolani and, according to Dr. Mouritz, gained the confidence of the Hawaiian people to a greater degree than any other foreign doctor.

In December, 1884, Dr. Fitch resigned from his position at Kalaupapa and left the Islands on July 1, 1886.

Owing to the reckless and careless methods he used while in contact with leprosy, many people in Honolulu believed that he had contracted the disease. However, Dr. Mouritz states, "I know as a positive fact that Dr. Fitch did not show a single sign of leprosy to the day of his death, which was from hepatic disease."

Dr. Mouritz gives June 4, 1904, as the date of Dr. Fitch's death in Santa Cruz, California, at the age of 60. The *American Medical Journal* gives the date of death as June 2, 1904, at the Belmont Sanitarium in San Mateo County, California.

Edward Arning

Edward Arning was born in Manchester, England, in 1854. His education was received in Germany.

On the recommendation of Dr. William Hillebrand in a letter to Mr. Gibson, president of the Board of Health, Dr. Arning came to Hawaii on November 8, 1883, to do research in leprosy and serve as physician in charge of the leper patients in the branch hospital at Kakaako.

Two events occurred in Dr. Arning's research work which brought his name into world prominence. First, he transplanted leprous flesh into the right forearm of Keanu, an Hawaiian, who later developed leprosy. Second, he proved that Fr. Damien, a leprosy suspect, actually had leprosy. Damien, according to Dr. Mouritz's account in his book, "A Brief World History of Leprosy," had complained of pain and loss of sensation in his left foot for several years. It was attributed to rheumatism. Absence of facilities for a thorough examination of the priest caused Dr. Mouritz to advise him to go to Honolulu. In January, 1885, Fr. Damien visited Honolulu where he met with an accident, scalding his left foot. Fr. Leonore, the provincial of the Mission, telephoned* for Dr. George Trousseau, whose examination of the priest's foot and leg proved they were devoid of feeling and probably infected with leprosy. Dr. Trousseau immediately called Dr. Arning who, using a powerful current of electricity passing through a platinum needle, pushed deeply into the flesh of the foot and leg of the priest but caused him no pain. This discovery indicated that the peroneal nerve and its branches were dead, due to leprosy. It is interesting to note that Fr. Damien refused treatment by Dr. Arning in the Kakaako hospital, where arrangements had been made for him.

Friction with the Board of Health caused Dr. Arning's removal from office on December 31, 1885. He left Hawaii on July 1, 1886, and returned to Germany, where he achieved distinction as a dermatologist.

Dr. Arning died in Hamburg, Germany, on August 20, 1936, at the age of 82.

Toshiyuki Mitamura

Toshiyuki Mitamura was born in Wakayama, Japan, on August 5, 1853.

He was educated at Keiogiyiki University. Later Dr. Mitamura took a medical course under Drs. Willis and Willard and became a professor at the Kagoshima Medical College in 1877.

After the Civil War of the Seventies in Japan, in which he sided with the Saigos, the doctor practiced medicine and surgery at Kishiwada, Wakayama, Osaka, and Tokyo.

Coming to Hawaii in 1888 as a government physician and immigration inspector, Dr. Mitamura settled at Kilauea, Kauai, where he practiced for ten years. During this period, he was physician for the Kilauea Sugar Company and owner of a general merchandise store in Kilauea. In 1898 he moved to Honolulu, where he practiced until his death.

The doctor was married to Kei Matsuyama in Japan and was the father of a son, Dr. Vitaro Mitamura, and a daughter, Mrs. K. Ishida.

Dr. Mitamura organized the *Honolulu News* in 1900 and was its first president. He also founded the Honolulu Japanese Cemetery Association, serving as its president later, and was president of the Hawaiian Fisheries Company, Ltd.

Dr. Mitamura died September 15, 1918, in Honolulu, at the age of 64.

* The first telephone was installed in Honolulu in 1880.

Notes and News

Tobacco Industry Devastated by Lent

Dr. John M. Felix threw the tobacco market into a tailspin when he gave up his usual eight or ten cigars a day.

Stork Club

	Sponsors
Robert Chappell	**Dr. and Mrs. Raid Chappell**
Jon Jeffrey Chock	**Dr. and Mrs. Clifford Chock**
Jocelyn Ho	**Dr. and Mrs. Robert Ho**
Patricia Ann Oglesby	**The Doctors Oglesby**
Richard Y. Sakimoto II	**Dr. and Mrs. Richard Y. Sakimoto**
Erin Scully	**Dr. and Mrs. Niall M. Scully**

Mental Health Chairman

Dr. Linus C. Pauling, Jr. was chairman of Mental Health Week, April 27–May 3.

Safari to Sandwich Islands

Dr. Clarence Fronk escorted the Shaker-Safari Club of America to Hawaii for their annual meeting early in March. **Dr. Ralph Cloward** is also a member of this club.

Television Tranquilizers

Drs. Duke Cho Choy, Robert Spencer, Kenneth Rusch, and **Francis K. L. Won** discussed tranquilizers over KONA-TV.

ERIC A. FENNEL, M.D.
1887-1957

Dr. Eric A. Fennel was born in Cincinnati, Ohio, on September 24, 1887, the son of a physician. He was graduated from the University of Cincinnati in medicine in 1912 and interned in the Jewish Hospital in Cincinnati. He was married in 1913 to Nancy Beirne Nickell in West Virginia. He practiced in Cincinnati for a time, and was in the Health Department and later Director of the City Infirmary.

When World War I became imminent he entered the Medical Corps of the Army, graduating from the Army Medical School in 1917. His ability in clinical pathology was well recognized there and he was kept on as a member of the faculty, working chiefly, however, under Colonel Russell, on an attempt to develop a one-dose typhoid inoculation. After the Armistice he was sent to Hawaii to be Department Pathologist, in charge of the laboratory at Tripler Army Hospital. In 1920, he resigned from the Army to join with Dr. George F. Straub in the formation of the Straub Clinic, with which he was associated until his death.

He worked in close association with the medical officers of the United States Public Health Service who were in charge of the leprosy station at Kalihi and developed a tremendous interest in this disease. He was a member of the Board of Hospitals and Settlement from the time of its establishment, in 1932. He always preferred to call leprosy by its name, but felt no one should ever call a victim of the disease a leper.

He was an inspiring member of his specialized profession, pathology. He was stimulating and catalytic. Any physician who had a problem in diagnosis could almost invariably get a suggestion from Dr. Fennel as to some investigation that might cast more light on it. He was, I believe, the first to recognize the fact that we had murine typhus in Hawaii, and was the first to recognize the existence here of infectious mononucleosis. He thought for himself.

He was a member of many national and international societies. He was honored by membership in Alpha Omega Alpha when a chapter was founded in his school in 1918, six years after his graduation. He was a member of the Society of American Bacteriologists, Fellow Emeritus of the College of American Pathologists, Fellow of the American Society of Clinical Pathology, and was a diplomate of the American Board of Pathology in both Clinical Pathology and Pathologic Anatomy. He was also a member of the Honolulu County Medical Society, and of the Hawaii Medical Association, of which he was President for two years, 1944 and 1945.

In 1924 he took a *Wanderjahr* in Germany, chiefly studying surgical pathology in Munich and Vienna but visiting many other German universities. He returned greatly stimulated by his trip. In 1928 he went to the University of Illinois to teach pathology for a year; he was Associate Professor under his great and life-long friend, Dr. William F. Peterson.

In the early days of the Office of Civilian Defense in Honolulu, he was of tremendous value in improvising apparatus which could not be purchased at that time. Before World War II he suggested the establishment of the Blood Bank of Hawaii, and provided technical advice regarding its procedures, standards, and equipment. After the war began, he made innumerable pieces of apparatus which were needed but could not be bought, for example, flow meters for measuring the flow of oxygen and containers for the administration of blood and other liquids by vein.

He is survived by his widow, Nancy Nickell Fennel; a son, William A. Fennel of Wahiawa; a daughter, Mrs. Arch H. Harrison; and three granddaughters. His passing leaves a real gap in the medical ranks in Honolulu.

H. L. Arnold, Sr., M.D.

MOTOKAZU MORI, M.D.

1890-1958

Dr. Motokazu Mori was born in Nagasaki, Japan, on July 24, 1890. He died in Honolulu, Hawaii, on January 21, 1958. He was a member of the Honolulu County Medical Society and the Hawaii Medical Association. He was also a staff member at Kuakini Hospital for more than 30 years. During this period he was elected staff president several times.

Until 1941 he had staff privileges at The Queen's Hospital, St. Francis Hospital, and Kapiolani Maternity Home. During World War II he was absent from Honolulu but returned in 1945.

His father, Dr. Iga Mori, came from a samurai family. Since the feudal age of Japan had ended, he wanted to become a modern doctor of medicine. In spite of poverty, his ambition, intelligence, and industry enabled him to obtain his M.D. degree from Cooper College which is now Stanford University. In Japan he had left his wife who was pregnant. To them was born a son, Motokazu Mori, who also became a doctor of medicine.

In 1900 Mrs. Iga Mori came to join her husband, who was practicing medicine in Honolulu. Their son was left with his grandmother to be educated in Japan. When he graduated from Daiichi-Chugaku, he continued his study in pre-med in Daiichi-Kotogakko in Tokyo. In 1916 he obtained an M.D. degree from Kyushu Imperial University. After doing graduate work in biochemistry for awhile, he decided to specialize in surgery and do more work along this line.

According to his diary, because he wanted to see his mother, he joined his parents in Honolulu in 1918. After a visit he went to the Mainland to do more study in surgery at the Mayo Clinic. Returning to Honolulu in 1920, he obtained a license to practice medicine in Hawaii. Gradually he took over the work of his father. In the meantime, he had been married to Misao Harada, the daughter of Dr. and Mrs. Tasuku Harada. Dr. Harada, who had been a President of Doshisha University in Japan, was a professor of Oriental Culture at University of Hawaii. To this union four children were born—Arthur, Victor, Margaret, and Felix (Felix died at the age of one).

In 1927, at the age of 26, his wife died. This brought a great sorrow to Dr. Mori. In his young wife's memory he had a beautiful book published.

In 1929, Dr. Ishiko Shibuya came from Tokyo to Kuakini Hospital. Through a letter of introduction to Dr. Mori, Sr., she came in contact with the Mori children and sometime afterwards with their father.

She was taken to a staff meeting on the second floor of Dr. Mori's office building. Here she was surprised to find a laboratory with modern equipment. A common interest in medicine brought Dr. Shibuya in contact with Dr. Motokazu Mori. They gradually found that they had many other interests in common—all phases of literature and art and especially in Japanese poetry.

This association led to the marriage of Dr. Mori and Dr. Shibuya on April 26, 1930. This union lasted for 28 years during which time Pearl and Ramsey were born (Pearl died at the age of 20).

Dr. Motokazu Mori made a special study of "Tropical Anemia among first and second generation of Japanese people in Hawaii." In recognition of this work Dr. Mori was awarded a Ph.D. in Medicine by Tokyo Imperial University in 1936. To celebrate this honor Dr. Mori, Sr., gave a party at the Royal Hawaiian Hotel in honor of his son. At this party Dr. Nils Larsen was the principal speaker. Dr. Strode, Dr. Takahashi, and other doctors and friends were among the 100 guests. This was the first Japanese party held at the Royal Hawaiian Hotel.

Dr. Mori was always greatly interested in helping to promote the Pan-Pacific Surgical Conference in Hawaii, and until 1941 he actively participated in this work. He was not able to attend the last conference because of illness.

Dr. Mori was a many sided man. His great desire was to understand and help in some way to disseminate the best in the cultures of the East and the West. He felt that Hawaii should be the golden mean between these two extremes. This attitude and desire led him to establish a spacious home on Wyllie Street where he regularly entertained people of many races and professions who met and discussed philosophy, science, economics, and phases of art and religion. In addition to a regular group of about 30 people who met monthly, guests from many corners of the earth were also often invited to take part in symposiums where each person could freely express his own ideas. These gatherings were continued until Dr. Mori's health began to fail.

He was a devout Christian with great sympathetic interest in all people, especially in young people. He passed away peacefully on January 21, 1958. The funeral service was held in Central Union Church, where he was married in 1921.

He is survived by his wife Ishiko Mori and four children—Arthur K. Mori, a graduate of Yale, now practicing Law in Tokyo; Victor M. Mori, a graduate of Temple University, now specializing in General Surgery at Indianapolis General Hospital; Margaret Mori Hirozawa, wife of Mr. Stanley T. Hirozawa, Ph.D. in Chemistry from the University of Minnesota, and presently in Trentus, Michigan; and Ramsey Y. Mori, who recently returned to Honolulu from Military Service overseas; and also five grandchildren.

ISHIKO S. MORI, M.D.

Congratulations to:

Dr. Min Hin Li for adding L.H.D. for his name. The State Board of Higher Education of North Dakota has announced that *Dr.* Min Hin Li will be awarded a degree of Doctor of Humanities this spring. It sounds good. M. H. Li, M.D., L.H.D.

Dr. Sumner Price, The Queen's Hospital administrator, has been honored by the Ohio Universtiy Alumni for Distinguished Attainment in the field of Medicine.

Dr. T. D. Woo has been advanced to Fellowship in the Industrial Medical Association.

Who's New . . .

. . . Surgeons

Dr. Raymond G. Chang is now at 1521 South King Street. He is an alumnus of the University of Pennsylvania, the Graduate School of the University of Pennsylvania, and associated hospitals. He spent eight years in general surgery, cardiovascular surgery, and thoracic surgery, prior to returning to Honolulu to practice. These eight years of training were spent at Lankenau, University of Pennsylvania, Women's Medical College, Presbyterian, and Episcopal Hospitals.

Dr. William W. L. Dang is now practicing general surgery at 181 South Kukui Street. Dr. Dang, an alumnus of Creighton, had his intern and surgical training at Charity Hospital, New Orleans. Dr. Dang rides the photography hobby.

. . . Ophthalmologist

Dr. Sai Ki Wong is now at 181 South Kukui Street. Dr. Wong was graduated from Jefferson, interned and then taught pharmacology briefly at the University of Pennsylvania. He practiced on Molokai for several years, following which he received his ophthalmology training at Tulane Medical School and Charity Hospital, New Orleans.

. . . Nuuanu Medical Center

Highway progress brings new medical center to house Chock-Pang Clinic and other physicians. The doctors of the Chock-Pang Clinic, **H. Q. Pang, K. C. Chock, Edward K. Lau, Gordon Y. H. Chong,** and **Thomas Y. K. Chang,** are now at the Nuuanu Medical Center, 1374 Nuuanu Ave. Other physicians moving to this center are **L. Q.** and **Herbert G. Pang, Herbert S. Takaki,** and **Abraham Ng Kamsat.**

. . . Location

Dr. Kaoru Sasaki is now at 46-028 Kam Highway, Kaneohe.

. . . Commander

Brigadier General Jack W. Schwartz relieved Major General John F. Bohlender, April 23, as commanding general of Tripler Army Hospital. General Schwartz, a 1958 graduate of the University of Texas School of Medicine, was most recently commanding general of Madigan Army Hospital in Tacoma. He was prisoner of war in the Philippines until 1945. After his release he became chief of urology at Letterman. He is a Fellow of the American College of Surgeons.

How-To-Do-It Speakers

Dr. Thomas Fujiwara appeared on a panel with the Pacific Orchid Society of Hawaii.

Dr. C. M. Burgess addressed the Malacological Society.

Entrepreneurs

Dr. Timothy I. Wee is treasurer of Wahiawa Business Associates. This group is soon to build a Waipahu Supermarket.

Dr. Richard W. You is one of three Hawaiian representatives for a Better Brands food supplement.

Dr. L. Q. Pang is a director of the Finance Investment Company. This company plans to build several hundred apartments in the Waikiki area.

Peregrinators

Dr. and Mrs. Ray Dusendschon are off to Europe.

Dr. and Mrs. S. E. Doolittle are off to the east coast where Dr. Doolittle will attend the American College of Physicians meeting.

Some other physicians attending the American College of Physicians meeting were **Drs. Raymond deHay** and **Hastings Walker.**

Dr. and Mrs. N. P. Larsen are taking in the above meeting and then going to Europe where Dr. Larsen will participate in meetings in Brussels and at Beirut.

Dr. Robert H. Marks, Chief, Bureau of Tuberculosis, attended a radiological health course in Washington, D. C.

Dr. Angie Connor, Chief, Bureau of Crippled Children, also went to Washington to a meeting of state and territorial maternal and child health and crippled children directors called by the U. S. Children's Bureau.

Dr. Richard K. C. Lee, President, Board of Health, attended a symposium on "Perspectives in Virology" in New York City. This symposium was to relate the developments in the field of virology to public health.

Fronk Fights Hammer and Sickle

Dr. Clarence E. Fronk testified at the U. S. Senate Internal Security Subcommittee that Hawaiian Communists were using Supreme Court decision in a bid to gain "respectability."

"Man Shall Not Live by Bread Alone"

In connection with The University of Hawaii Faculty Art Exhibit in April, **Dr. James Harrison** took "A Look at Modern Art" in a public lecture.

Many of the illustrations in Ralph Varady's new book, "Many Lagoons," are South Sea photos by Betty and **Dr. Howard Liljestrand.**

Dr. N. P. Larsen is now vice-president of the Honolulu Print Makers.

Speaking of art, do you remember the Hawaii Physicians' Art Association? Among exhibitors of a decade ago were **Drs. Peter Irwin, R. W. Benz, N. P. Larsen** and **Sumner Price,** oils. **Dr. N. P. Larsen** also exhibited a Crayon and Mezzo-tint. **Dr. Frank Spencer** entered a Charcoal, **Dr. M. H. Lichter** a Pen and Ink, and **Dr. G. M. Halpern** several photographs. Water colors were presented by **Drs. W. B. Herter, W. N. Bergin, W. H. Stevens,** and **T. D. Woo.**

Travel Talks

Dr. Philip M. Corboy addressed the International Institute on Puerto Rico. He did it in Spanish!

Dr. Howard Liljestrand continues to compete with Hollywood's best, telling tall tales of the South Pacific—with beautiful photography.

Mainland Visitors

Dr. Kenneth S. Landauer, Director of the Respiratory Center Service of the National Foundation for Infantile Paralysis, was here to address local groups.

Dr. William C. Menninger took time from instructing Young Presidents and spoke to the community on "Mental Health in the Atomic Age."

Teach Social Workers

The following physicians participated in a course on Human Growth and Behavior at the University of Hawaii: **Leon W. Miller, George Goto, Masato Hasegawa, Ralph Cloward, Dermott Smith, Sam Allison, Albert Ishii, John Chalmers, Warren Wong, H. E. Bowles,** and **Robert Bright.**

Whodunit?

Dr. Alvin Majoska has returned from the annual meeting of the American Academy of Forensic Sciences. He also spent two weeks at the Bethesda Naval Medical Center. On his way back to Hawaii he took a short refresher in applied statistics at Las Vegas.

NEWS

Arthritis Colloquy

The Second Oklahoma Colloquy on Advances in Medicine will be held on November 12, 13, 14 and 15. It will be devoted to Arthritis and Related Disorders. Twelve nationally prominent investigators in their field will participate and present the results of original work from their laboratories.

On November 15 the University of Oklahoma football team will play the University of Missouri at Norman, Oklahoma. Registrants may apply for tickets by writing the Athletic Ticket Office, University of Oklahoma, Norman, Oklahoma.

Registration will be open to all physicians. Further information may be obtained by writing to the Division of Postgraduate Education, University of Oklahoma School of Medicine, Oklahoma City, Oklahoma.

Resuscitation of the Newborn

The Maternal and Child Health Advisory Committee of the Hawaii Medical Association is sponsoring a special meeting on June 26, 1958, at 8:00 P.M. in the Mabel Smyth Auditorium.

"Resuscitation of the Newborn," a subject of vital concern to all physicians and nurses, will be discussed by Dr. Robert Hingson, Professor of Anesthesia, Western Reserve University School of Medicine, Cleveland, Ohio.

Dr. Hingson's articles on neonatal and infant mortality and on comparative negro and white mortality during anesthesia, are familiar to many of you.

Currently on a world mission tour with a volunteer team of four physicians, representing basic specialties in medicine, he is stopping in Hawaii for a short visit en route to the Far East and Southern Asia.

Dr. Hingson is widely known for his stimulating and interesting method of presenting scientifically sound material. Physicians, residents, interns, anesthetists, and nurses involved with obstetrical or newborn care are urged to put this date on their calendars as a professional "must."

GOLF TOURNAMENT

The American Medical Golfing Association is holding its annual golf tournament in conjunction with the A.M.A. Convention, June 23, 1958, at the beautiful Olympic Lakeside Golf and Country Club, San Francisco, Calif. This will be a whole day of rest and relaxation with golf, luncheon, banquet, and a prize for everyone. We have left no stone unturned to assure you the very best. Tee off time: 8 A.M. to 2 P.M. We cordially invite all golfing doctors to attend. Handicaps: scratch to 30 in flights.

For information, contact James J. Leary, M.D., Secretary, 450 Sutter St., San Francisco, Calif.

Patients Wanted by Research Center

The National Institutes of Health, an arm of the U. S. Public Health Service, maintain a Clinical Center at Bethesda, Maryland. which studies and treats patients with certain conditions in the fields of cancer, cardiovascular disease, mental health, neurological diseases, and blindness, arthritis and metabolic diseases, allergy and infectious diseases, and dental health. Patients are admitted to the Center with the understanding that while there they will receive care with no expense to them. In return for which, they are available for whatever studies the workers of the Institute may desire to do. Funds are not available for transportation of patients to and from Bethesda.

Patients are particularly desired in the following fields: Reiter's syndrome; idiopathic thrombocytopenic purpura and drug purpura; hemophilia; and leukemia and other forms of cancer in children under 15 years of age.

A brochure which includes a list of studies currently under way, is on file in the office of the Bureau of Geriatrics, Department of Health, Kapahulu Health Center, 548 Kapahulu Avenue, Phone 71-921. Further information may be obtained from Dr. Norman R. Sloan at the Bureau of Geriatrics.

American Goiter Association

The American Goiter Association will meet in the St. Francis Hotel, San Francisco, California, June 17, 18 and 19, 1958. Hotel reservations must be secured by writing Goiter Housing Bureau, Room 300, 61 Grove Street, San Francisco, California, and be accompanied by a deposit of $10.00 per room.

The program for the three day meeting will consist of papers and discussions dealing with the physiology and diseases of the thyroid gland.

Hawaii Medical Association

Minutes of the Council Meeting

Thursday, February 27, 1958, at 6:30 P.M.
Oahu Country Club

PRESENT:

Dr. S. L. Yee, presiding; Drs. Bergin, Boyden, Cushnie, Nishijima, Burgess, Izumi, Spencer, Fujii, Oto, and Patterson.

MINUTES:

The minutes were approved as amended. In addition Dr. Boyden moved, seconded by Dr. Burgess, that the agenda, together with the minutes, be mailed to all Councilors at least one week before the meeting. The motion passed.

BUDGET

Dr. Cushnie gave a detailed report on the financial status of the HMA and explained the budget item by item.

ACTION:

Dr. Burgess moved, seconded by Dr. Spencer, that we accept the 1958-59 budget without the stipulated allotment to the Territorial Woman's Auxiliary. The motion was passed.

Dr. Izumi moved, seconded by Dr. Nishijima, that the matter of furniture and fixtures be left up to the discretion of the treasurer. The motion was passed.

CONTRIBUTION TO THE WOMAN'S AUXILIARY

Dr. Izumi spoke as chairman of the Advisory Committee to the Woman's Auxiliary. He explained that the Woman's Auxiliary of the Territory paid the expenses of their members at large and the officers who live on the neighbor islands in order that they could attend a meeting on February 28. Dr. Izumi went on to say that at their meeting they would discuss the probability of sending their president or representative to the AMA meeting in June and they should know if we can advance them sufficient funds to insure their being able to send their representative to the AMA meeting in June. Dr. Burgess thought that the state of the Woman's Auxiliary treasury should be looked into; that perhaps they should raise their dues because a donation might not revive them; and that it was merely a matter of which pocket was paying for what.

ACTION:

Dr. Nishijima moved that we give the Woman's Auxiliary $5.00 out of the $25.00 registration fee collected for the 1958 Summer Medical Conference. Dr. Izumi seconded the motion. Dr. Izumi modified the motion to include that the sum would not exceed $1,000.00. Dr. Nishijima accepted the amendment and the motion was carried.

NONPAYMENT OF REGISTRATION FEE FOR 1957 ANNUAL MEETING

Dr. Nishijima read the letter written to the member who did not pay his registration fee and also the doctor's answer which said he would pay if the Council felt he should.

ACTION:

Dr. Cushnie moved, seconded by Dr. Patterson, that the doctor in question be assessed $10.00. The motion was passed.

GENERAL PRACTITIONER OF THE YEAR

Dr. Izumi moved that we should renominate Dr. J. J. Kuhns as General Practitioner of the year to the AMA in November and that all available data and press news be gathered by Dr. Arnold. The motion was seconded by Dr. Boyden and passed. Dr. Izumi also moved that we set aside a part of our annual meeting program naming Dr. Kuhns our General Practitioner of the Year and a resolution would be in order. Dr. Burgess seconded the motion and it was passed.

HAWAII SCIENCE FAIR

Dr. Nishijima read the letter from Dr. Clarence E. Fronk asking for our assistance with the First Annual Hawaii Science Fair. Dr. Boyden thought we should make some sort of gift or award and we should do everything we can to encourage these young people.

ACTION:

Dr. Burgess moved, seconded by Dr. Patterson, that we give them a $50.00 donation. The motion was passed.

BYLAWS

Dr. Cushnie talked on the matter of our fiscal year and the difficulties in transmitting AMA dues. He said that in a talk with the HCMS executive secretary it was pointed out that on the Mainland the AMA dues are collected by the counties along with their own dues and the state dues and that it was felt this system would eliminate a lot of the headaches now experienced. The matter of increasing the dues was also discussed as well as other minor changes in the bylaws and their interpretation.

ACTION:

Dr. Burgess, seconded by Dr. Boyden, moved that we change our fiscal year to the calendar year. The motion passed.

Dr. Izumi moved, seconded by Dr. Patterson, that the secretary notify all members that have sent in cards indicating that they will attend some of the functions but do not intend to register, that according to Chapter VI, Section 1, Part C, it is necessary to register for the Annual Meeting in order to take part in *any* proceeding. The motion passed.

Dr. Patterson moved, seconded by Dr. Oto, that the dues be raised $10.00 a year. The motion passed.

MISCELLANEOUS BUSINESS

Dr. Cushnie pointed out that if the recommendations of the committee appointed to investigate joint committees is carried out, the financial matters such as money for postgraduate speakers, expenses for the legislative committee, and the public service fund would have to be dealt with.

Dr. Izumi reviewed the reference committee system and asked that the councilors from the neighbor islands go over this with their societies in order that their delegates can be instructed and the importance of reading and studying the reports before the meeting can be emphasized.

The meeting was adjourned at 10:45 P.M.

SATORU NISHIJIMA, M.D.
Secretary

Book Reviews

Advances in Tuberculosis Research, BCG—A Discussion of Its Use and Application

Edited by Dr. Hans Birkhäuser of Basel and Dr. Hubert Bloch of Pillsbury, Pa. Charles C. Thomas, Publisher, 1957.

Here we find gathered together under one cover a number of papers discussing the experimental basis and methods of preparing and of applying BCG vaccine and recounting its successful use in various parts of the world. After reading about its use on adolescents in Great Britain, among French recruits and North American population groups, and its application as mass vaccination under post-war conditions in Japan, all with statistical evidence of significant reduction of mortality, one begins to wonder why it has not had more widespread use in the United States and perhaps in our local community. Then in a chapter by Danish observers, Ole Horwitz and Johannes Meyer, one reads of some untoward reactions observed after vaccination. Ulcers after intracutaneous injection are a pretty regular occurrence. That such an ulcer would be slow to heal is a foregone conclusion. Suppurative regional adenitis, lupus vulgaris, and nine cases of generalized tuberculosis, four of them fatal, were reported by these authors, though others have said that generalized disease does not occur. Still, Horwitz and Meyer did not consider that the complication can be considered to be a contraindication to BCG vaccination as long as tuberculous infections have not become extremely rare.

In the next to the last chapter this "house of cards" is effectively brushed down by Dr. J. A. Myers, an outstanding American authority on tuberculosis in children. He finds no excuse for its use in the United States. He believes its use would, in fact, be a serious detriment to the highly effective program of tuberculosis control in young persons since it would nullify the tuberculin reaction which he considers to be the "master key" to the eradication of tuberculosis.

From a historical viewpoint, the collection of the papers has value. For those who seek material for theoretical discussions and argument about community disease control, they should be a must. From a practical point of view, most of us can just as well read Dr. Myers' conclusions and forego the rest.

S. E. Doolittle, M.D.

Child Psychiatry

By Leo Kanner, M.D., 777 pp., $8.50, Charles C. Thomas, 1957.

This is a comprehensive, progressive and, enlightening textbook dealing with the study of the child. Having known the author personally as an able teacher whose sense of humor and common-sense approach has been his badge, the reviewer is not surprised to note the charm and sympathy which shows through the practical approach of this so-called textbook. In other words, like a "whodunit," it is hard to put it down once you get started. This book is a must for anyone who deals with a child's problem, whether he is a lay person dealing with court work or education or a member of the medical profession.

Dorothy S. Natsui, M.D.

The Physiologic Basis of Gastrointestinal Therapy

By Heinrich Necheles, M.D., Ph.D., F.A.C.P., and Martin M. Kirshen, M.D., F.A.C.P., 330 pp., $8.75, Grune & Stratton, 1957.

The authors do not claim to cover more than selected topics in the physiological basis of gastrointestinal therapy, but they actually touch upon surprisingly many aspects of gastroenterology including those not immediately concerned with physiology, and they treat in considerable detail such basic aspects as intestinal motility, innervation, drug actions, secretions, peptic ulcer, and liver and pancreas functions. Sufficient attention is paid to reviewing the basic sciences so that the rationales of therapy are readily understood. The book is an expansion of lecture material, and is therefore weighted towards the special interests and the beliefs of the authors. Nevertheless, discordant views are mentioned and an adequate bibliography is supplied. The material is presented in a readable style; organized into sections of convenient size to be read as units; and adequately indexed. The book would be good for a quick review of selected topics in gastroenterology, or for a starting point for a more thorough literature survey.

Hyman W. Fisher, M.D.

Advances in Radiobiology

Edited by George Carl de Hevesy, Arne Gunnar Forssberg and John D. Abbatt, 503 pp., $15.50, Charles C. Thomas, 1957.

This is a collection of the papers presented at the Fifth International Conference on Radiobiology, in Stockholm, 1956. The editors have organized and presented the various topics in a coherent fashion, permitting the reader to gain a general knowledge of the subject as well as detailed specific information. Almost all of the articles are reports on original research on multiple facets and frontiers of our knowledge.

The major attention of these researchers is directed toward cellular activity, with several good papers concerning intercellular enzymes, proteins, cell metabolism, and genetics. From the practicing physician's viewpoint, some of the most interesting investigations concern those which increase or decrease the sensitivity of various cells to radiation, work which we hope will eventually permit control of larger numbers of neoplasms treated by x-ray.

The book is reasonably well indexed and will perhaps be of greatest value as a reference, making available the multiple papers presented. It is also to be recommended to those having an interest not only in this field, but in the advance of science as a whole, since it gives a glimpse of the advances being made and attempted in multiple realms.

George W. Henry, M.D.

Surgery of Head and Neck Tumors

By Hayes Martin, M.D., 430 pp., $18.50, Paul B. Hoeber, Inc., 1957.

This is primarily a surgical atlas dealing with the title subject and related procedures as performed at the Memorial Hospital in New York. It is replete with easily

(Continued on page 490)

County Society Reports

Hawaii

The Hawaii County Medical Society held a joint dinner meeting with the members of the Hawaii County Dental Society, February 20, 1958, at the Hilo Hotel at 6:30 P.M.

Following dinner Mr. Raymond Ho, Estate Planner and Vice-President of the American Mutual Underwriters, Ltd., spoke on estate planning.

Dr. Robert Miyamoto, President, called the meeting to order at 9:30 P.M.

Dr. Nicholas Steuermann, Chairman of the Advisory Health Committee, requested a Society recommendation regarding the present policy of requiring any physician rendering services to indigent and medical indigent patients to obtain clearance from the Government Physician and the Medical Social Service Department for specialist consultation. It was voted to maintain the present status quo regarding this policy.

Mrs. Helen Wakai, Medical Social Worker, asked which specialists should be placed on the panel of specialists for consultation in caring for indigent and medical indigent patients and, also, should these panel members be placed on rotation. The Society voted to place any bona fide specialist on the panel, and that the Medical Social Service Department consult the panel members individually regarding the question of rotation.

Mrs. Elaine Johnson, R.N., Chairman of the Committee to Study Special Temporary License, requested recommendations regarding the elimination of the special temporary license in the Nurse Practice Act. The Society voted to be against the elimination of the Special Temporary License if it would mean that those practical nurses who had obtained license under the Special Temporary License would be denied this privilege.

Dr. Miyamoto presented for consideration the changing of the fiscal year from April 1–March 31 to January 1–December 31. He also announced that the annual meeting will be held on March 13, 1958, with Dr. Kenneth Landauer as guest speaker. Dr. Pete Okumoto announced the starting of the Phase 2 of the Polio Drive. It was voted to conduct similar clinics for the Phase 3 part of the drive. Meeting adjourned at 10:35 P.M.

* * *

The Hawaii County Medical Society held its annual dinner meeting at the Hilo Country Club on March 13, 1958, at 6:30 P.M. Members present were: Drs. Bergin, Crawford, Davis, Griggs, Haraguchi, Hata, Helms, Henderson, Kasamoto, Leslie, Matayoshi, J. A. Mitchel, Miyamoto, Oda, Okada, Okumoto, Oto, Stemmermann, Tomoguchi, Ed Wong, Woo, Yamauchi, Yuen, and Nesting. Guests present were: Drs. Kenneth Landauer, Ivar Larsen, Sarvis, Yuzon, Waxman, and interns Konsou and Kizion.

After dinner, our guest speaker, Dr. Kenneth Landauer, Chief of Rehabilitation and Respiratory Centers of the National Foundation for Infantile Paralysis, presented an interesting talk on the work of that organization.

Dr. Miyamoto called the business meeting to order at 9:30 P.M. The application of Dr. Sarvis for membership was unanimously approved. The changing of the fiscal year to coincide with the calendar year was also approved.

The following officers were unanimously elected for the 1958 term:

President: Dr. Haruto Okada.
Vice-president: Dr. Grant Stemmermann.
Secretary: Dr. Ed Helms.
Treasurer: Dr. Ruth Oda.
Member Board of Censors: Dr. Robert Miyamoto.
Delegates: Dr. Keith Nesting and Dr. J. A. Mitchel.
Alternates: Dr. William Davis and Dr. Robert Miyamoto.

Following the short business meeting, the members participated in various interesting games for the rest of the evening.

RICHARD M. YAMAUCHI, M.D.
Secretary

Honolulu

At the regular meeting on February 4, the following program was presented by the Hawaii Chapter, American College of Physicians: "The Use of the Acetyl Strophanthidin Test as an Aid in Diagnosing Digitalis Poisoning," Commander Mills, MC, USN; "Aseptic Meningitis," Colonel Wilbur Berry, MC, USA; "Thyroiditis, Subacute," Lt. Col. Edwin Stenbery, Jr., MC, USA; "Stress Test as an Aid in the Diagnosis of Coronary Artery Disease," Lt. Col. Sandifer, MC, USA; and "Use and Abuse of Common Hormonal Preparations," A. Ford Wolf, M.D.

Dr. Frances Cottington was welcomed into the Society as a new member.

Dr. Batten, chairman of the Library Board of Governors, gave a brief report on the development of the Library's building campaign.

The annual budget of the Society for 1958-59 was presented for approval. It was moved, seconded and passed that the annual budget be approved as circulated.

Dr. West advised that this year dues are not reduced for institutional members. He stated that the Board of Governors felt that the purpose or need for such dues was not present now.

He mentioned that a new member may, if he feels he has the need, appeal to the Finance Committee for a reduction in dues up to two-thirds for the first year and up to one-third for the second year.

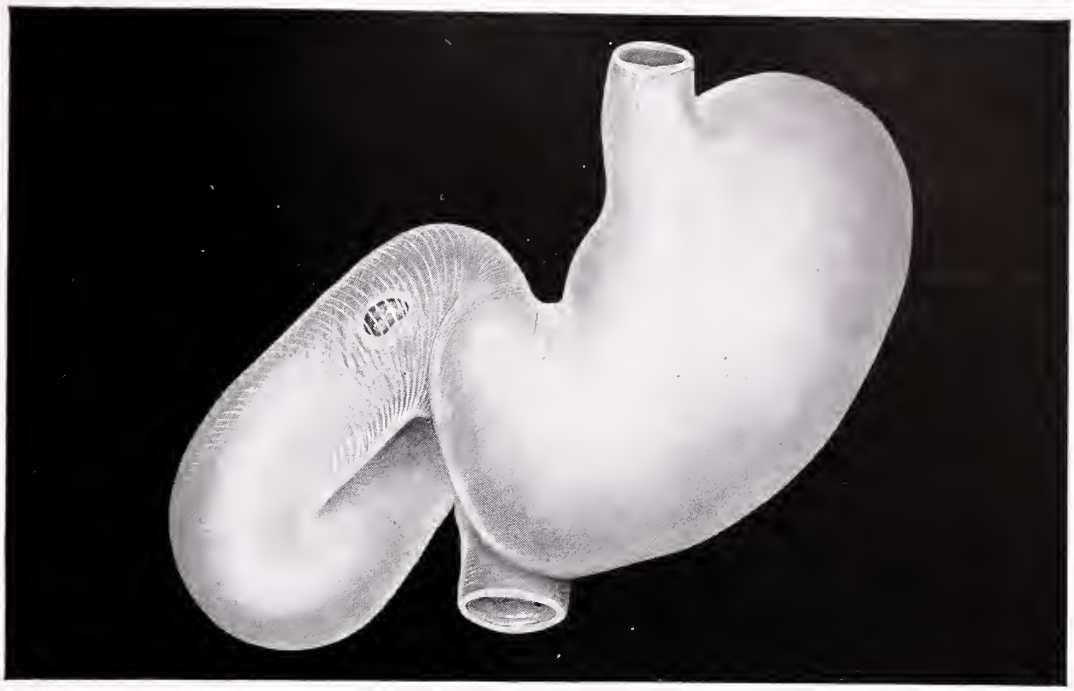
Dr. West also stated that in approving the budget, the membership also approved the annual dues of $95.00. A motion to that effect was passed.

Dr. West brought the membership up to date on the present situation of the case of Dr. Kenneth Amlin versus the Honolulu County Medical Society. He reviewed the events leading from the meeting of January 7 to the present suit brought against the Society. Dr. West stated that a preliminary injunction had been received restraining the Society from carrying into effect the vote and order of expulsion of Dr. Amlin on January 7, and proceeded to read the restraining order in toto.

Dr. West mentioned that he had received a petition from five doctors of the Society requesting a special meeting to reconsider the ousting of Dr. Amlin. He stated that he had been advised by two certified parliamentarians and our legal counsel that on the basis of parliamentary law there is no action that can be taken by this organization to reconsider or rescind the action taken on January 7. He stated it is impossible to undo something that has been completely done.

(Continued on page 486)

CONFIRMED THERAPEUTIC UTILITY



Pro-Banthine® "proved almost invariably effective in the relief of ulcer pain,

*in depressing gastric secretory volume and in inhibiting gastrointestinal motility."**

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The average adult oral dosage of Pro-Banthine is one tablet (15 mg.) with meals and two tablets at bedtime.

G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

*Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: Pro-Banthine in the Treatment of Peptic Ulcer. A Clinical Evaluation with Gastric Secretory, Motility and Gastroscopic Studies. Report of 60 Cases, Am. J. M. Sc. *232:*156 (Aug.) 1956.

SEARLE

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

ROSIE CHANG, *Editor*

FLORA OZAKI, *Associate Editor*
KATSUKO TAKIGUCHI, *Associate Editor*

HAZEL KIM, *Associate Editor*
MILDRED KIM, *Associate Editor*

OLIVE C. PRIDGEN, *Executive Secretary*

President's Message

MIDYEAR'S INVENTORY

As in everything else, it is good to reflect occasionally on the progress of our association, and the mid-point of the year seems to be an obvious place to pause.

At the convention we promised ourselves to undertake two major activities during the year. The first of these activities was concerned with the Roll Call, and at the moment we can feel justifiable pride in our accomplishment. A total of 315 new members were gained during the Roll Call and we are still counting!



LYNNE WIGEN, *President*

The second activity, to which we pledged our support, was the study during this year of the proposed Nursing Practice Act so that our members may be fully prepared for the next legislative session. Here, too, we have been as good as our word. Each of the districts has already had, or has scheduled, a meeting devoted to this subject, and other programs are being planned.

During the past six months not only have both major resolutions felt our support but many other programs have been using our abilities. Several of our nurses, as reported elsewhere in this issue, have attended conferences and workshops, increasing not only their own knowledge, but also our resources by their participation. Our committees have been active in many areas. The Economic Security Committee has been planning a salary survey. The convention chairman has a tentative program prepared for the October meeting, and the committee has adopted a legislative theme to coincide with our plans for presenting the Nursing Practice Act.

The Industrial Nurses' Section has been busy tabulating answers from a questionnaire sent out in regard to a course in Occupational Health Nursing.

This is a good beginning, but now we must look to the future. The rest of the year will tell whether we have fulfilled our own expectations.

The new members we so gladly received into our ranks must find satisfaction in their membership. We owe it to them to make certain that our welcome means also that they share with us in our accomplishments, and as they read this I hope each one is evaluating her Association experience so far and will be eager to help us see new sides and possibilities in our organization.

Now that all of us have been introduced to the proposed Nursing Practice Act, our real period of study must begin. It is imperative that each of us read and re-read this Act and become so familiar with it that we will never be caught unaware if questioned by the public, the legislators, or our fellow workers. Many questions will come to your mind as you read this Act. To these questions you must find the correct answers, and where you are in doubt as to the validity of a point, you must seek accurate clarification. There are resources available to you, and the executive secretary of NATH and the Board for Licensing office will be glad to discuss any points you wish clarified. Everyone will be called upon to support this bill in the near future and so we must be prepared.

Along other lines there is always room for growth. Active individual participation promotes the best possible growth in NATH. The committees are anxious to get ideas as well as willing hands so if you have an interest, a complaint, a suggestion, or a little time, there is still an opportunity for you to help make 1958 the year we all will remember as one of extraordinary accomplishment.

Editorials

WORLD MENTAL HEALTH YEAR

Plans are under way for the observance of the first World Mental Health Year, to be celebrated during the eighteen-month period beginning January 1, 1960. This interval, designated by the World Federation of Mental Health at its meeting last summer, will culminate in the Fifth International Congress on Mental Health in Paris in August 1961.

In the United States member associations will set up a common joint steering committee to guide preparations for the United States share in Mental Health Year. For information, write WFMH, U. S. Office, 10 Columbus Circle, New York 19.

CONFERENCES

With the coming of the jet age, there will be more island representatives who will participate in the various conferences nation-wide as well as world-wide. The participants of these conferences will be able to make contributions to these sessions and return with valuable ideas which will elevate the standard of nursing in Hawaii. Every effort should be made to encourage local nurses to attend conferences and upon their return share their experience and knowledge with the nurses. This issue contains several reports submitted by conference participants.

Nursing Education and Nursing Service

CONFERENCE ON RESEARCH

Mrs. Elsie Smith, Assistant Professor of Nursing at the University of Hawaii School of Nursing, represented the Territory of Hawaii at a conference on Research in Nursing at Berkeley, California early this year. It was sponsored by the Western Council on Higher Education in Nursing (WCHEN) and financed by Public Health and Kellogg funds.

The conference was conducted on a research clinic basis, with 20 invited participants from the western states and 20 faculty members chosen from various levels of research. The short-term objective was participation in methods of research, and stimulating research to improve nursing care to patients and their families the long-term objective.

WCHEN Headquarters, clearing house for all research projects, is at the Norlin Library at Boulder, Colorado, and anyone interested in enlisting their help can write direct to them. Mrs. Smith has returned with some very interesting information and has offered to present a report to any interested group.

CONFERENCE ON STATE BOARD TEST POOL

"What is the right answer" still rings in my mind as I relive the busy, stimulating, and pleasant week spent at National League for Nursing Headquarters in New York last fall as an item writer for the Obstetric Nursing State Board Test Pool Examination.

It was a real privilege to be selected to represent the Territory of Hawaii and to be able to work with Mrs. Mary Shields, Director of Test Construction Unit, and her able staff. I certainly learned a lot about constructing examinations and developing State Board Test Pool Examinations for professional nurses.

Construction of these examinations is a complex process and I was informed that there were some 42 steps in all. There are three major phases, however. The first is test planning, the second is actual construction of the test questions by item writers from all over the United States and its Territories who are experienced in educational programs in Schools of Nursing, and the third is the evaluation and revision.

In the third phase the initial drafts of the test are reviewed by the blueprint committee which planned the series to determine whether the objectives were adequately covered. The revised drafts are then sent for review to the various state boards of nursing, then they are administered to some of the candidates who take the current state board examination for validity.

The staff of the Test Construction Unit recently published "The Construction and Use of Teacher-Made Tests," pamphlet No. 2, which I feel should be a very helpful reference for teachers who must forever contend with examination questions.

FLORA OZAKI,* R.N.

* Instructor, Maternal and Child Health Nursing, University of Hawaii School of Nursing.

AMERICAN NURSES ASSOCIATION CONFERENCE ON LEGISLATION

Rosie Chang, Director of Nursing, Territorial Hospital, as NATH's legislative chairman, represented Hawaii at the third American Nursing Association Conference on Legislation held at the Sheraton Park Hotel, Washington, D. C., March 12 to 14, 1958.

The conference was designed to assist state and territorial associations in their legislative programs by developing the skills and techniques of their legislative chairmen and by orienting them to ANA's current program in Federal legislation. The primary functions of the committee on legislation are to study the needs for legislation, to promote the total program of the organization, and to recommend a course of action consistent with the goals and resources of the Association. In order to implement and make this program effective, each nurse should take an active part in politics by joining a party, getting acquainted with legislators, informing them of and requesting their support in nursing legislation.

During legislative sessions, state and territorial nurses' associations should use all available media of communication to publicize their needs to the public. It was suggested by several congressmen that one of the most effective means of gaining attention and support for the nurses' associations was to send their most attractive as well as their best informed members to lobby. Another purpose of the conference was to encourage members to talk to their congressmen to enlist their support for the passage of bills supporting financial aid for nursing education.

Mrs. Chang visited Hawaii's Delegate to Congress, John A. Burns; sat in an open committee hearing on Civil Service, and attended an afternoon session in the House.

As this goes to press, a workshop for district legislative chairmen and members of the Nurses' Association, Territory of Hawaii, is being planned.

CONFERENCE ON CURRICULUM

Ever interested in improving our schools of nursing, two faculty members, one from The Queen's Hospital School of Nursing and one from the St. Francis Hospital School of Nursing, recently returned from a three-day conference in San Francisco on curriculum. It was one of eleven conferences on curriculum which were held throughout the United States and was sponsored by the Regional Councils of State Leagues for Nursing and the National League for Nursing. Nine of these conferences were offered in the Diploma and Associate Degree Programs and two in the Baccalaureate Programs in Nursing.

Miss Clifford Burroughs, Acting Educational Director and Science Instructor at The Queen's Hospital School of Nursing, and Mrs. Hazel Kim, Assistant Director in Nursing Education at the St. Francis Hospital School of Nursing, returned from San Francisco with new ideas, knowledge, and understanding on improving its curricula in their respective schools. They will present these ideas to the faculties of the schools in order that the faculty of each school may plan effective learning experiences for good nursing care. At a later date they will present some of the material gathered at the conference at a program sponsored by the Hawaii League for Nursing.

CONFERENCE ON NURSING EDUCATION

Over 200 nurses, representing the twelve states of the Western Region, convened for a two-day conference at the Bellevue Hotel, San Francisco, March 17 and 18, 1958. The theme of the conference was "Nursing Education for the Western Region—Progress and Issues."

The trend toward higher education, (Ph.D.'s will be commonplace in nursing) has created some new challenges and problems for the nursing profession. "Nursing education today," "Tomorrow," and the "Future" were the issues explored by the nurses at the Western Council on Higher Education for Nursing. A symposium on the present collegiate-type nursing education—associate degree program, baccalaureate program, and graduate program—opened the two-day conference. Some of the questions explored were: Is nursing a profession? Is nursing a discipline? What is nursing? Does nursing education need therapeutic and clinical diagnosis? Is the time devoted to nursing courses a proper investment in student nurses' time? Do we need help from other disciplines in developing nursing curricula? Nursing education tomorrow will depend upon the needs of nursing service tomorrow. Society's health needs are not so much unmet as they are changing. We need to involve the medical profession and the hospital administrator in planning nursing education. It was generally felt that hospital administration should be informed and asked to help plan nursing education.

Nurses in the western area are much concerned regarding the need for improvement of nursing services and nursing education in the western states. To bring about such improvements, they believe that the most urgent need is for better prepared administrators and supervisors and teachers in hospitals, schools, and nursing service agencies.

It is generally agreed that those in teaching, administrative, supervisory, and research positions should have preparation in nursing beyond the

baccalaureate degree level. The extent of such preparation may vary from a few post-baccalaureate degree courses to full doctoral degree preparation, depending on the responsibilities involved in various positions in nursing.

The conference was a landmark in the history of nursing education in the West in two respects: First, it brought together representative thinking of the present and future of nursing education for the West. Second, the conference gave new expression to the spirit of regional cooperation that has been growing throughout the West.

Rosie Chang represented Hawaii at this conference. She was invited by the Western Conference on Higher Education in Nursing to participate and was appointed one of the recorders for the session.

PROGRAMS OF EDUCATION FOR GRADUATE NURSES IN THE FIELD OF MENTAL HEALTH (1958-59)

The schools listed below offer programs of study in the field of mental health. Since programs vary from one school to another, it is necessary to write to specific schools for detailed information about admission requirements and program content.

Most of the schools offer programs which lead to a Master's Degree. They emphasize the clinical and mental health components of psychiatric nursing, and include preparation for leadership positions as clinical specialists and in teaching, administration, supervision, consultation. A few offer programs that focus attention on the mental health aspects of public health nursing. Some of these prepare nurses to function as mental health consultants.

Some schools offer programs which lead to a bachelor's degree with a major concentration in psychiatric nursing that prepares nurses for beginning positions in supervision or teaching.

United States Public Health Service traineeships or other scholarships are available in most schools. Specific information about these may be obtained from the schools or, in the case of post-baccalaureate traineeships, from the National Institute of Mental Health, Bethesda 14, Maryland.

Experienced psychiatric nurses with a Master's degree who are interested in career teacher training should write to the school in which they would like to obtain this training. Funds for support of a career teacher training program at a salary level appropriate to the qualifications of the applicant may then be requested by the school from the National Institute of Mental Health.

PSYCHIATRIC NURSING

Leading to a Bachelor's Degree

†Boston University School of Nursing, Boston 15, Massachusetts
Louisiana State University, Department of Education, New Orleans 13, Louisiana
State University of Iowa College of Nursing, Iowa City, Iowa
†University of California School of Nursing, Berkeley, California
†University of Minnesota School of Nursing, Minneapolis, Minnesota
†University of Pittsburgh School of Nursing, Pittsburgh, Pennsylvania
†Vanderbilt University School of Nursing, Nashville, Tennessee

Leading to a Master's Degree

Adelphi College, Garden City, New York
†Boston Universtiy
†Catholic University of American School of Nursing Education, Washington, D. C.
†Columbia University Teachers College, Division of Nursing Education, New York
† Indiana University Division of Nursing Education, Bloomington, Indiana
†New York University Department of Nurse Education, New York 3, New York
†Ohio State University School of Nursing, Columbus 10, Ohio
Rutgers University School of Nursing, 40 Rector St., Newark, New Jersey
State University of Iowa College of Nursing, Iowa City, Iowa
†University of California, Los Angeles, California
†University of California School of Nursing, Berkeley, California
University of Cincinnati College of Nursing & Health, Cincinnati, Ohio
†University of Colorado School of Nursing, Boulder, Colorado
†University of Maryland School of Nursing, Baltimore, Maryland
University of Miami, Department of Nursing, Coral Gables, Florida
†University of Minnesota School of Nursing
University of Nebraska College of Medicine, Omaha, Nebraska
University of North Carolina School of Nursing, Chapel Hill, North Carolina
†University of Pennsylvania School of Nursing
†University of Pittsburgh School of Nursing
†University of Texas School of Nursing, Galveston, Texas
University of Utah College of Nursing, Salt Lake City, Utah
†University of Washington School of Nursing, Seattle 5, Washington
†Washington University School of Nursing, St. Louis, Missouri
†Wayne State University, Detroit, Michigan
Yale University School of Nursing, New Haven, Conn.

Master's and Post-Master's

‡†Catholic University of America School of Nursing Education, Washington, D. C.
‡†Columbia University Teachers College, New York City (Preparation for consultation positions)
‡Johns Hopkins University School of Hygiene & Public Health, Baltimore, Maryland
‡†New York University, Department of Nurse Education, New York City
†University of California, Los Angeles, California
†University of Colorado School of Nursing, Denver 20, Colorado
University of Minnesota School of Public Health, Minneapolis, Minnesota
Yale University School of Nursing, New Haven, Conn.
A clinical training program at the post-master's level is offered at Chestnut Lodge Research Institute, Rockville, Maryland

† Accredited for one or more offerings on the designated level by National League for Nursing.
‡ Prepared mental health consultants.

Clinical and Technical

NEW HORIZONS IN PSYCHIATRIC NURSING

In the spring of 1957 the National Institute of Mental Health approved a grant to the Territorial Hospital to carry out a long-term study on augmenting the skills of psychiatric nursing personnel with group work methods. This study was requested by Dr. Robert A. Kimmich, Medical Director, Territorial Hospital, who saw therapeutic possibilities in group work methods in treating mentally ill patients.

The use of the group as a method of helping people is not a new idea. It is as old as humanity.

The systematic and conscious putting down of the principles and the developing of methods and techniques has come about in the last twenty-five to thirty years. Social group work by the use of interaction and program activities helps in the growth of the *individual* in the group. Experience in working with people in many settings such as the YMCA, YWCA, Settlement Houses, as well as in hospitals and clinics, has shown that the basic concepts of working with people in groups are sound and applicable regardless of the setting. The use of group work principles and methods in a psychiatric agency helps toward the goal of development of the strength of the patient, helps patients become aware of and use their environment appropriately, contributes to the development of a sense of worthiness, gives a feeling of usefulness and self-respect, provides opportunity for patients to give help to each other, provides opportunities for new experience, and helps patients to the place where they can make use of the therapeutic resources of the hospital.

The Territorial Hospital, like many hospitals and agencies, is experimenting with the use of group work methods as a specific helping process for the patients. Social group workers have proved their value in direct service psychiatric settings over the past ten years. The new idea the Territorial Hospital is engaged in testing is the augmenting of the skills of the psychiatric nursing personnel with group work methods. Basic to this idea is that nursing personnel are key people in the lives of the patients on the wards. They are the ones who spend more time with the patients than any other group in the hospital. They are the ones who can control the atmosphere of the wards.

The nursing personnel that offers activities which are pleasurable and emotionally satisfying that will contribute toward the sense of well-being, sense of achievement, relaxation, and acceptance of responsibility, helps towards reaching the goals set for each patient. These activity periods are planned and regularly scheduled for specific groups of patients under the leadership of a nurse or a psychiatric aide. Working with groups of eight to ten patients enables the leader to know the patients, and thus facilitates interpersonal relationships and enables patients to make desirable responses through activities that are planned and meaningful.

This program has been in full-time operation since November, 1957.

"Considering the short experience which we have had," stated Rosie Chang, Director of Nursing, Territorial Hospital, "group work has been well recognized and received, and in all instances, has been considered as making a therapeutic contribution to the patient."

General Interest

AN ASSIGNMENT IN THE ORIENT



The famed Hawaiian hospitality has real competition in the countries which I visited during my sabbatical leave from June to January, 1958. The whole thing started with my request from the World Health Organization for a traveling fellowship. I wanted to see what graduate nurses in the Orient were called upon to do, what they had to work with, and what background they had when they came as students to the University of Hawaii. Knowing this we could use our facilities to meet their needs more adequately. The Jones luck was again in evidence when W.H.O. not only agreed to sponsor my visits to Japan, Korea, and the Philippines but offered me a six-month assignment as nursing education consultant to the National Taiwan University in Taipei, Formosa.

During two weeks in Tokyo and one in Korea, the Ministries of Foreign Affairs, the International Cooperation Administration, and W.H.O. representatives opened every door. I found Japan still struggling to make nursing more than hands and feet for the physician. Korea seemed further along in its concept of real nursing care but was burdened with inadequate buildings and equipment and thousands of undernourished orphans and abandoned children. Here, however, there was an indomitable spirit and a most intelligent cooperative approach to problems. In Taiwan (Formosa) the concept of teaching students at the bedside was just being put into practice. Both Korea and Formosa had been occupied by the Japanese for almost 50 years so it was no wonder that there, too, nursing education had been largely lectures on what to do and classroom demonstrations on how

to do it but little actual learning by doing at the bedside.

A nursing education team from W.H.O. had been working with the vocational school of nursing at the National Taiwan University Hospital for some five or six years. Since W.H.O. is a part of the United Nations, the team members had come from Denmark, Canada, Australia, New Zealand, Philippines, and U.S.A. The Chinese Government asked them to help establish a four-year collegiate school of nursing in the Medical College of the University using the University hospital for clinical instruction. When I arrived in July, 1957, a director had just been appointed although students had been admitted for their freshman year the September before. By now you can see that my experience at the University of Hawaii was going to stand me in good stead in helping the director and faculty to define the problems in developing the new school and in finding ways of meeting them. For me it provided a way of testing some of the methods we had used—and I may say I saw, in reliving the situations, many mistakes we had made.

Each of the previous team members—there were two when I arrived—had assisted supervisors and faculty to develop selected units in each clinical area to be used for students. I followed suit by studying the public health nursing and outpatient areas as learning experiences for students in total patient care. The potentialities in these areas were enviable and I was there long enough to see them being used in a way that few schools have found it possible to develop. Students were able to follow their patients through all of their experiences in outpatient services, wards, home, and community agencies from their first initiation into patient care.

Nursing education and public health nursing, as we know it, have been evident in Formosa only since 1946 when the China Nationalist Government moved there. Since that time, there have developed four vocational schools of nursing (three-year programs which admit ninth grade graduates), one technical school (three-year program which admits only senior high school graduates), and two collegiate schools. One of the latter is a military school whose graduates must serve in the army. Three of these schools have not yet graduated a class. When you compare the number of graduates against the number of nurses needed, it is apparent that the situation will be acute for some time to come. In public health alone, the development of more than 400 health centers and stations since 1946 makes unmeetable demands for prepared nurses. These are the conditions that W.H.O. and International Cooperation Administration are trying to alleviate, W.H.O. with technical assistance and fellowships for preparing teachers, supervisors, and administrators and I.C.A. with equipment, buildings, and over-all planning.

The assignment was rich in experiences for me. In Japan, I was presented to the Empress. On my way to Korea my seatmate was the prospective general of the Korean Army. In Taipei I, with some several thousand others, was guest of the Generalissimo at the impressive military celebration of Double Ten, the anniversary of the founding of the Republic of China. In Bangkok, where I went on leave, we toured the river through Bangkok with the Thailand Minister of Education and his wife in their speed boat and saw the Royal Academy put on one of their beloved dance dramas with the traditional Thai dancers. In Macao where we went from Hong Kong, our travelling companion was the handsome male lead in a movie being made by Burgess Meredith in Manila. Adding to all of this, the delight of seeing again former University of Hawaii students in their home countries, the fun of riding everywhere in a pedicab, the sight of beautifully terraced paddy fields in all countries, and the enthusiasm for their work of the friends I made, made this experience an unforgettable one.

VIRGINIA A. JONES, R.N.

FOREIGN NURSE STUDENTS IN HAWAII

Miss Estelia Marin and Miss Margarita Slater of Costa Rica, who spent five months at Leahi Hospital, had their stay in Hawaii sponsored by the International Cooperation Administration. Before coming to Honolulu they spent three weeks, together with 300 other members who came from around the globe to study in the United States, in Washington, D. C., where they received orientation training. While in Honolulu they were entertained by the staff at Leahi, the I.C.C., and NATH's International Relations Committee.

The Samoan government sponsored the Misses Telefele Leota and Laitese Hanipale. From the Micronesian Islands in Trust Territory, sponsored by the Business and Professional Women's Clubs, were Misses Isabella Capelle and Denita Refilong. They had Leahi Hospital as their "home port," and spent some time at several of the public health centers and hospitals as well as in attending nurses' meetings.

Arriving in January for two years of study at the University of Hawaii is Miss Virginia Lu, formerly a teacher at Taiwan University in Taipeh, Formosa, through the efforts of Miss Virginia Jones. W.H.O. has sponsored Miss Lu.

N.A.T.H. CONVENTION

As June rounds the corner, all thoughts and ideas are centered around the A.N.A. convention in Atlantic City, New Jersey. However, we must not forget our own N.A.T.H. convention, which will be held on October 2, 3, and 4. Your Program and Arrangements Committee have been active collecting suggestions for convention program and activities.

A brief preview will let you in on some of the exciting plans which have been tentatively made for the convention. Early arrivals are invited to a preconvention cocktail party and buffet supper on Wednesday evening. We hope to meet and to know each other before the convention actually starts! We will also meet the A.N.A. principal convention speaker at that time.

Thursday will find the registrants in line at our convention headquarters which will be conveniently located in the Mabel Smyth Building lanai. They will find the lanai both roomy and cool. Tickets will be available for the different functions —an exciting catamaran ride; the banquet, at which an speaker with special abilities in the area of legislation will speak; a poi luncheon; a Japanese luncheon; and the scientific programs. However, in spite of the many activities scheduled, neighbor island nurses will still have time to go shopping, visiting, and what-have-you as time has been allotted for these miscellaneous activities.

Of interest to nonmembers will be the registration fees. If you have friends who are not members of the Association, get them to join before convention. Registration fees will be $2.00 for members and $4.00 for nonmembers for the three convention days. Guests and others who visit for one day only will be charged a daily registration fee of $1.00 a day for members and $2.00 a day for nonmembers. Student nurses will be charged special student rates of 25¢.

Convention theme this year is "Today's Nurse in a Democratic Society." The nurse will find programs helpful to her as a citizen and practitioner of nursing. Scientific programs which have been suggested are Nursing Responsibility in Control of Infections; Blood Dyscrasias; Resuscitation of the Newborn; Cancer—Current Research and Trends; and Rehabilitation—the Nurse's Role. Final plans and choice of subjects have not yet been made and so any further suggestions or ideas are welcome. Please write or call Miss Leona Rubbelke, Department of Health, or Mrs. Hazel Kim, St. Francis Hospital, for further details and information.

Now that you've "seen" a brief preview of the convention, we'll see you all at convention time!

UNIVERSITY OF HAWAII SCHOOL OF NURSING

In June of this year the University of Hawaii School of Nursing will have its third class of graduates. The nineteen who graduate this year will bring the total to fifty-three since the first group of fifteen completed the program in 1956.

Complete lists of awards and honors have not yet been announced. Nursing school students have appeared on the Dean's List and have been admitted to membership in the following honorary societies: Phi Kappa Phi, Hui Pookela, Delta Sigma Rho. Members of this year's graduation class will swell the list.

Those who will receive their sheepskins this year are: Doris Carper, Oahu; Clara Goto, Oahu; Harriet Fujimoto, Hawaii; Patsy Hayashi, Oahu; Judith Hoshide, Hawaii; Elaine Katekaru, Oahu; Nancy Kimura, Oahu; Mildred Kinoshita, Maui; Linda Lee, Oahu; Alice Nakamura, Hawaii; Jean Nakamura, Oahu; Frances Nishikawa, Kauai; Lenore Nishiki, Oahu; Doris Nouchi, Maui; Patsy Otsuki, Oahu; Martha Peterson, Oahu; Edith Sakamoto, Maui; Jean Uyeda, Oahu; and Billie Walker, Oahu.

District and Section News

HAWAII

PRESIDENT: Mrs. Hazel Flagg, 1800 Waianuenue Ave., Hilo, Hawaii
SECRETARY: Miss Moira Wilson, Box 682, Hilo, Hawaii
DATE OF MEETING: First Tuesday of the month.
TIME: 8:00 p.m.
PLACE: As announced.

Here we are again with a condensation of the minutes of the Board of Directors and regular Association meetings (March and April) so that you will know what has been going on.

Board of Directors' Meeting 3-25-58

Mrs. Flagg discussed briefly the proposed Occupational Health Nursing Course at the University of Hawaii. She stated that this course is only in its earliest planning stages and the questionnaires sent out to all NATH members were for the purpose of finding out if there is a demand for such a course before further steps are taken. On Oahu 100 nurses showed interest in the contemplated program, five signed up from Hilo Memorial Hospital, three from Puumaile, and one from Honokaa.

NACH District Meeting 4-1-58

The regular monthly meeting of the Association

was held on April 1 at Puumaile Nurses' Home. There were 71 members and 3 guests present. We were mighty pleased to have with us members from all over the island.

A cocktail hour and an ANA Roll Call Welcome dinner prepared by Paramount Grill preceded the meeting.

Miss Miriam Kemmerer, Chairman of the Big Island ANA Roll Call Committee was asked by the President to take over. She reported that the membership increase hoped for throughout the States by ANA was 10 percent for each association. Oahu came through with an 88 percent increase and we were second with 85 percent. Attractive prizes were presented to the following nurses chosen by the Committee for recruiting the most new members:

Mrs. Utako Tao (Captain of the H&H group) —perfume.

Miss C. Tanaka and Miss M. Wilson (members of Mrs. Tao's group)—perfume.

Miss D. Miguelberry and Miss E. Copeland (Hamakua)—earrings.

Mrs. Elsa Chillingworth (Kona)—box of chocolates.

At this time Mrs. Asa Baldwin took charge of the program and first showed a sound strip put out by ANA titled "The Third Step." The film dealt with membership in ANA and what it means to every nurse.

Miss Catherine Nourse, on a year's leave of absence from her position as Occupational Therapy Consultant in the Territorial Department of Health, presented an interesting display of handmade dolls used in the rehabilitative treatment of children's physical disabilities.

Lovely hulas were danced by Frances DeAguiar, Jeanette Mariano, and Amy Enomoto of the Hilo Memorial Hospital nursing staff. Adding to the fun of the program were Josephine Victor, Thelma Patten, and Dora Muraki who danced impromptu hulas.

* * *

Of interest to all nurses is the following:

PROBABLE CONTENTS OF THE CREDIT COURSE IN OCCUPATIONAL HEALTH NURSING IF ESTABLISHED AT UNIVERSITY OF HAWAII

Ten Understandings and Abilities that the Nurse needs to have to function as an Occupational Health Nurse:

1. The ability to plan and organize her work.
2. The ability to identify environmental factors and to understand their effect on the health of individuals.
3. An understanding that health maintenance and rehabilitation activities are given emphasis in occupational health, but that safe curative nursing principles and techniques must be followed at all times.
4. Some understanding of social legislation, including workmen's compensation, disability legislation, labor and health codes, particularly those related to health and nursing care.
5. Appreciation of the importance of records and the ability to identify an adequate record system and to keep adequate records.
6. The ability to use effectively written and oral communication skills.
7. The ability to identify teaching opportunities inherent in daily contact with people and to utilize these.
8. Understanding and appreciation of importance of productive enterprise (industry) to the community and of the inter-relationships between departments within the enterprise itself.
9. Understanding of what is acceptable, legal, and ethical nursing practice and the ability to transfer this to a nonsickness centered environment.
10. Understanding of duties and responsibilities of a nurse in an occupational health program.

(Above from: League Exchange #19—"The Educational Responsibilities of the Nurse Consultant in Occupational Health," NLN., 2 Park Avenue, N. Y., 1957.)

MAUI

PRESIDENT: Mrs. Michie Kamitaki, Department of Health, Wailuku, Maui
SECRETARY: Mrs. Lorraine Arakaki, Central Maui Memorial Hospital, Wailuku, Maui
DATE OF MEETING: Third Thursday of the month.
TIME: As announced.
PLACE: As announced.

The March general meeting of the MDNA was held on Tuesday, March 18, at the Central Maui Memorial Hospital Conference Room at 7:30 P.M. This was a joint meeting with the Maui County Medical Society on "Rehabilitation." A team concept approach reviewed a patient case study.

Those on this panel were: Dr. Jens Henriksen, Director at the Rehabilitation Center; Mrs. Mabel McConnel, social worker; Mrs. Mildred Ramsey, physical therapist; and Mrs. Leilani Tsukazaki, occupational therapist.

During their two-day stay here on the Valley Isle, the team members conducted outpatient clinics as well as visited Hale Makua, home for the aged. Accompanying the team were: Mrs. Yukiko Higa, Mrs. Emily Long, Mrs. Marion Wright, and Mrs. Gloria Foster. These nurses received three weeks of training, which was subsidized by a Federal grant, at the Rehabilitation Center of Hawaii.

Two nursing scholarships, $300 each, are offered annually by Hawaiian Commercial & Sugar Co., Ltd. The gifts are made to students taking a course leading to the status of Registered Nurse. The students must attend an accredited nursing school in the Territory of Hawaii. The $300 is intended to be used toward covering out-of-pocket expenses such as tuition, text books, uniforms, and fees over the three-year course.

Applicants must be between 16½ and 30 years of age, have received a high school diploma or equivalent standing, and have been accepted for matriculation by an accredited nursing school in the Territory of Hawaii after having met all entrance requirements, including required qualifying tests.

Final selection among applicants will be made each September by the management of HC&S Company. Due regard will be given to both need and merit. While not limited to plantation or even Maui girls, if more than two apply for available scholarships, preference will be given to daughters of HC&S employees and HC&S pensioners.

Applications, accompanied by notices of acceptance for matriculation, may be filed with the company's Industrial Relations Office at Puunene, Maui, Hawaii, before September 1 of each year.

The company reserves the right to discontinue granting these scholarships at any time without prior notice.

* * *

Miss Ellen McHenry has been away on her vacation for the past five weeks to the "snow-bound" country in Connecticut. She'll be filled with interesting highlights upon her return to fair Hawaii, so let's wait to hear all about it later.

Another MDNA member flying across the Pacific is **Mrs. Gloria Foster** of the Department of Health. Her six weeks will be spent in Japan and if she follows her proposed itinerary, she will be getting a vast cross-section of this Cherry Blossom land.

The members of the Maui District Nurses' Association honored **Miss Marian Meseroll** and **Miss Charlotte Ringrose** at a nine-course Chinese dinner on March 5, 1958. **Mrs. Molly Martin** presented beautifully arranged orchid corsages to the honored women, who are departing for Canada to retire and do part-time nursing.

Miss Masami Shiraki served as general chairman for the evening at the Wailuku Vineyard Chop Suey Restaurant. Invocation was given by **Mrs. Phyllis Stubbs.**

In behalf of those present, **Mrs. Gloria Foster** expressed the sentiments and appreciation felt by all towards the ladies for their diligent work with their professional nursing services as well as their faithful loyalty towards their professional organization.

During the past 14 years on the Valley Isle, both women were with the Office of Civilian Defense and later were employed at the Kula Sanatorium and General Hospital as Head Nurses.

They have also served the Maui District Nurses' Association in several capacities of office and chairmen to various committees.

OAHU

PRESIDENT: Mrs. Hazel Kim, St. Francis Hospital, Honolulu, Hawaii
SECRETARY: Miss Katsuko Takiguchi, Territorial Hospital, Kaneohe, Oahu
DATE OF MEETING: First Monday of the month.
TIME: 8:00 p.m.
PLACE: Mabel Smyth Memorial Building

On January 27 Miss Lily Tomita assumed the duties as Director of Nursing for Kauikeolani Children's Hospital.

Miss Tomita recently returned to her native isles from California where she was employed for the past 15 months by Merced County General Hospital in Merced. She was the Assistant Director of Nurses.



LILY TOMITA

John H. Rhys, Administrator of Children's, in announcing the appointment of Miss Tomita stated "that Children's is extremely fortunate to have Miss Tomita as a member of our team."

The 44 registered nurses and the 31 practical nurses employed by Kauikeolani Children's Hospital are under Miss Tomita's supervision. She will also be responsible for the training and nursing education programs of the hospital.

A native of Wahiawa, Miss Tomita's educational background includes graduation from The Queen's Hospital School of Nursing and a Master of Science in Nursing Supervision and Nursing Education as well as a B.S. from Western Reserve. Her work in the nursing profession includes staff, head nurse, clinical instructor in nursing and acting educational director, all at Queen's Hospital in Honolulu.

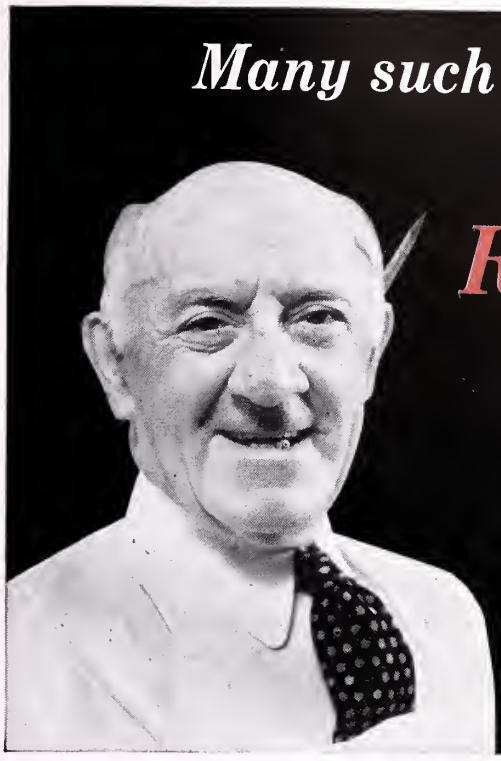
* * *

Miss Millie Larsen, industrial nurse, and **Miss Leona Rubbelke,** with the Maternal and Child Welfare department in public health, were the two nurses who attended the I.C.N. in Rome.

Miss Louise Crute of the Red Cross left via the Polar route to Holland. She met **Miss Ann Donahue,** of Ewa, in Paris, and then flew to Spain where they met another friend and toured together. They went back up to England to visit Miss Donahue's home.

Laura Draper, formerly director of public health nursing, Department of Health, spent several months in Europe with a friend who has been there for 30 years. She also spent several months on the Mainland before returning home.

Miss Margo MacDermid, industrial nurse and **Mrs. Claire Winter,** a private duty nurse, travelled last summer in the Near and Far East.



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Ford, R. V., and Moyer, J. H.: Rauwolfia Toxicity in the Treatment of Hypertension, Postgrad. Med. 23:41 (Jan.) 1958.

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CASE REPORT

(Continued from page 455)

Under block anesthesia around the parotid gland, using one per cent xylocaine with adrenalin, an incision was made close to and just above the tragus, curving downward to the angle of the mandible, and extended along the ramus of the mandible about four cm. The skin and subcutaneous tissues were elevated and parotid gland exposed.

The gland felt cystic, but the external surface gave no evidence of any irregularity or pathology. At the inferior-anterior border of the gland, a bluish cystic mass was seen, which was felt to be an anomalous vein. A biopsy taken through the center of the parotid gland showed no abnormal tissue.

A deeper biopsy in the center of the gland disclosed a bluish cystic area. This was carefully dissected from the gland and the original blue mass, which was thought to have been an anomalous vessel, was found to be the inferior border of the cyst. The cyst was completely removed, but there were three or four small breaks made in the superior surface of it, not from the dissection but from the pressure of its contents against the thin wall. The mass was removed entirely and was found to be free on a smooth base within the parotid gland itself. Superficial vessels were tied and a Penrose drain inserted into the retromandibular fossa. Subcutaneous gut sutures and subcuticular silk sutures were used and a pressure dressing applied.

She had an uneventful recovery, and there is almost complete healing of the wound with no suggestion of a parotid fistula. The laboratory report is that of an epithelial lymphoid tumor. benign.

Summary

A firm, painless, cystic tumor below the ear of a 57-year-old Japanese woman, present and slowly enlarging for five years, was completely excised and proved to be a papillary lymphomatous cystadenoma (Warthin's tumor). This is a mixed epithelial and lymphatic tumor arising in or near salivary glands, in this case in the parotid.

1020 Kapiolani Street

PERHAPS IT'S THEIR NERVES

(Continued from page 463)

Mental Retardation

R. M. and H. Bakwin: *Management of the Child with Mental Deficiency.* J. of Pediatrics, 32:5, 1948.

J. Natt: *Mental Retardation.* GP 9:5, 1954.

I. Zwerling: *Initial Counselling of Parents with Mentally Retarded Children.* Journal of Pediatrics, 44:4, 1954.

Chronic Illness

M. Harrower: *Medical and Psychological Teamwork in the Case of the Chronically Ill.* Springfield. Charles C. Thomas, 1955.

H. Wolff: *Stress and Disease.* Springfield. Charles C. Thomas, 1953.

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COUNTY SOCIETY REPORTS

(Continued from page 472)

Mr. Rice, the attorney for the Society, was asked to go over the case in detail and to answer any questions. He mentioned the temporary restraining order granted Dr. Amlin on January 14 which asked that the plaintiff be reinstated to full membership in the Society and to his rights and privileges as a member of the Society and ordering the Society and its President to expunge from the Society's records and minutes the vote of expulsion of Dr. Amlin dated January 7, 1958. He stated that in the beginning the judge had considerable doubt about the validity of the charge made against Dr. Amlin, but has since then stated that the charge was adequate—that Dr. Amlin knew why he was being investigated and he knew for what reasons he was being expelled. He stated that the courts had doubt that this body had the power to act on the recommendation of the Board of Governors in a case of disciplinary action, other than to accept the recommendation in toto, or to reject it in toto. He stated that the attorney for Dr. Amlin has asked the court to declare the expulsion of Dr. Amlin null and void and that an injunction be issued. The case as it now stands, he stated, is at the point of pause where Dr. West read the injunction received this date. Mr. Rice stated that it was his legal opinion that the prayer could not in any circumstance be granted in full.

Mr. Rice recommended that the Society file an answer denying these allegations and carry this thing through at least through the trial level. At that time the Society will have a positive statement from the court of where, if anywhere, a mistake was made, and then would have a chance of appeal to the Supreme Court. To stop now, at any point less than that, would leave the Society hanging in a complete vacuum and the Society wouldn't know whether it was right or wrong. It was Mr. Rice's opinion that the Society did not err.

A lengthy discussion followed. It was brought out that no matter what the outcome of the present case, our bylaws should be clarified with respect to other cases coming up. It was mentioned again that we cannot go back and undo what has already been done—we cannot start another action. It was mentioned that if we don't do anything, we would lose by default. It was also felt that our attorney should rightfully be paid by the Society.

It was moved by Dr. Donald Brown that we give our attorney a vote of confidence and instruct him to carry the defense through trial. The motion was seconded. Following further discussion, a motion to put the previous question was passed with three dissenting votes. Dr. Brown's motion was then voted on and was carried with no dissenting votes.

There being no further business, the meeting adjourned to the lanai where refreshments were served.

RODNEY T. WEST, M.D.
President
(In absence of Dr. Pang, Secretary)

Maui

The regular meeting of the Maui County Medical Society was held on Tuesday, March 18, 1958, at the

(Continued on page 488)

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COUNTY SOCIETY REPORTS

(Continued from page 486)

Central Maui Memorial Hospital conference room. Dinner was served at 6:30 P.M. followed by a talk and demonstration by Dr. J. D. Henriksen and his staff of the Vocational Rehabilitation Center, Honolulu.

Dr. Henriksen spoke on vocational rehabilitation and presented cases with the assistance of his staff. He discussed their prognosis and treatments. He also demontrated the method of applying special elastic bandages for the treatment of ulcers due to varicose veins.

The regular business meeting started at 9:15 P.M.

The letter from the Hawaii Medical Association which was circulated to all members was next discussed. Dr. Sanders moved that the Society dues remain the same. Motion was seconded by Dr. St. Sure. A vote was taken: 4—Yes; 11—No. It was moved by Dr. Burden and seconded by Dr. McArthur that the Society is in favor of increasing the dues and to have the Delegates inform the Association that the Maui County Medical Society is in favor of an increase. Motion was carried.

The following were appointed as Delegates and Alternates to the Territorial convention: *Delegates,* Drs. Ferkany, Sanders, and Fleming; *Alternates,* Drs. Shimokawa and Burden.

Dr. Reichert's application for membership was referred to the Board of Censors. Formal action will be taken at the next meeting.

* * *

The regular meeting of the Maui County Medical Society was held on Tuesday, February 18, 1958, at the Central Maui Memorial Hospital nurses' home. A social gathering was held at the nurses' home followed by dinner, which was also attended by the Woman's Auxiliary.

Dr. Alex J. Steigman, Visiting Professor of Pediatrics from the University of Louisville, spoke on Glomerulonephritis and Pediatric Problems.

Dr. McArthur, chairman of the committee on MEDA, reported that the committee recommends that physicians pledge as individuals and not as a Society, in order not to set any precedent. Dr. Burden moved that each doctor donate individually and not as a group. Motion was seconded by Dr. Haywood and carried unanimously.

A letter from HMSA was read and discussed by Dr. McArthur regarding the request for HMSA to offer an optional rider. Dr. Burden, HMSA representative, was requested to inform HMSA that the aim is to publicize to the public about the increased fee schedule through HMSA.

Dr. Ferkany read the HMSA auditor's report pointing out the net loss of $4,441.20 for Maui and that HMSA will appreciate the cooperation and understanding from physicians to keep the Plan financially sound.

Dr. Moran moved that the fiscal year of the Maui County Medical Society be changed to the calendar year, January to December, instead of the present fiscal year, July to June. Motion was seconded by Dr. Burden and passed unanimously.

Dr. Patterson announced that scheduled for Saturday, April 26, is a talk by Dr. Robert A. Kimbrough, Jr.,

(Continued on page 490)

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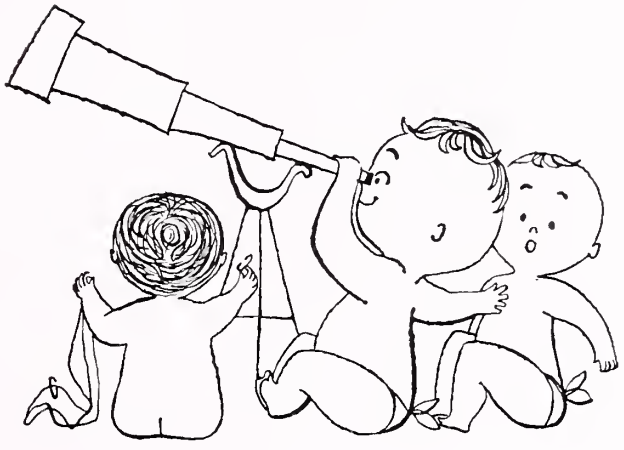
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COUNTY SOCIETY REPORTS

(Continued from page 488)

Professor of Obstetrics and Gynecology, University of Pennsylvania Graduate School of Medicine.

Dr. Haywood reported that only 20 per cent of patients admitted to the hospital have had Minograph x-rays and that 50 per cent had some type of pathology. One was found to be positive and sent to Kula Sanatorium. He recommended that doctors encourage more patients to take Minograph x-rays on admission to the hospital.

LESTER T. KASHIWA, M.D.
Secretary

BOOK REVIEWS

(Continued from page 471)

interpreted illustrations and running descriptions. There is an interesting historical prologue, with generous footnotes and a review of basic surgical principles applicable to surgery in this area of the body. A discussion of endoscopic and biopsy techniques is presented. The subject matter is not confined to tumor surgery, but includes cervical cysts and fistulae, esophageal diverticula, thyroid lesions, etc. Descriptions of numerous plastic procedures are included. Although dogmatic in its approach, the work is comprehensive, and a valuable addition to the library of any surgeon doing this type of work. It should be of especial value to the occasional operator in this area of the body.

F. B. WARSHAUER, M.D.

Pathology

Edited by W. A. D. Anderson, M.A., M.D., F.A.C.P., F.C.A.P., 1402 pp., illus., $16.00, The C. V. Mosby Company, 1957.

This third edition, with 35 contributors, is basically similar to previous editions. Several new contributors have been added: Drs. Dorothy Russell, Arthur T. Hertig, A. Gorman Hills, and Hazel Mansell. Chapters on the pituitary and the female genitalia have been completely rewritten. Many changes are present throughout the text, with both expansions and condensations. Discussions on toxoplasmosis, canicola fever, swineherd's disease, lesions from starvation, trace metal studies, and hormonal physiology are examples of the many additions or expanded subjects. The references have been brought up to date.

This text covers the immense field of pathology more completely than most texts in spite of the spatial limitation of a single volume. This book qualifies not only as a textbook but as a reference book for students of pathology, which includes the practicing physician because pathology, in Paul Klemperer's words, "... is the cornerstone of modern medicine."

PAUL Y. TAMURA, M.D.

Thrombelastography

By Pietro de Nicola, M.D., 110 pp., $5.50, Charles C. Thomas, 1957.

This is the kymographic measurement of the changes in viscosity and elastic properties of a blood clot during

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its formation or coagulation as well as during its dissolution or fibrinolysis. The keynote of the treatise is the different kymographic patterns that are produced by various blood dyscrasias, especially hemophilic syndromes, platelet deficient purpuras, and hypoprothrombinemias. Although consistent "thrombelastograms" are produced by the various entities, the availability of the instrument (none can be purchased, they must be homemade) and the rather carefully controlled requirements for conducting the test, arbeit against its being rapidly adopted locally or in the United States except for scientific experimental purposes and not as a general diagnostic tool. Therefore, the text is not recommended except for those interested in the more obscure facets of blood coagulation and lysis.

RAID B. CHAPPELL, M.D.

Recovery From Schizophrenia (The Roland Method)

By John Eisele Davis, Sc.D., 162 pp., $4.75, Charles C. Thomas, 1957.

The title of this book is somewhat misleading. The subject matter consists of the history, practice, and results of the "Roland Technique" for producing improvement in regressed, chronic catatonic schizophrenic patients. They are relaxed through massage, then a careful approach is made to them verbally, to help them reestablish verbal communication. Following this is a phase of re-education and motivation to activity. In an impressive percentage of cases, noticeable improvement has followed long-standing therapy, so that patients can adjust on better wards or can return home. A program has been instituted to train groups in other hospitals to carry out this method on further groups of patients. The method is applicable only to the catatonic type of schizophrenic. The author also notes the great benefit to hospital staff members, through stimulation of interest and group effort.

FRANCES COTTINGTON, M.D.

The Treatment of Burns

By Curtis P. Artz, M.D., F.A.C.S., Lt.Col., MC, USA (Ret.), and Eric Reiss, M.D., 250 pp., $7.50, illus., W. B. Saunders Company, 1957.

This treatise on burns is comprehensive and timely in this day and age of atomic explosions. The authors have culled the vast literature on burns for pertinent information, and have combined this with results of studies of one thousand burned patients by a military surgical research unit. Details are given regarding the initial evaluation of burned patients, replacement therapy, local care, and later care involving problems of metabolism, nutrition, infection, complications, and cosmetics. In addition, there are chapters on the details of skin grafting and special types of burns and an excellent final chapter on the management of burns in disaster.

The book is clearly and concisely written. One can find practical details of treatment rapidly without going through many pages of superfluous information. An important component of the book is the many excellent photographs and diagrams which serve to complement

(Continued on page 492)

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(Continued from page 491)

the text. This book has value as a vital part of the equipment of an emergency ward of any hospital, an industrial medical department, and a civil defense authority.

CHARLES S. JUDD, JR., M.D.

Also Received

The Infantile Cerebral Palsies

By Eirene Collis, W. R. F. Collis, William Dunham, L. T. Hilliard, and David Lawson, 100 pp., $3.00, Charles C. Thomas, 1957.

A practical monograph.

Bacterial Fermentations

By H. A. Barker, 95 pp., $3.00, John Wiley & Sons, Inc., 1957.

Three lectures on the chemistry of fermentation.

The Principles and Practice of Diathermy

By Bryan O. Scott, M.R.C.S., L.R.C.P., D.Phys.Med., 193 pp., $5.00, Charles C. Thomas, 1957.

British terminology ("earthing" for grounding; "valve" for vacuum tube) and confusing type styles make this pretty hard to read.

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Pediatric Clinics of North America

Edited by Waldo E. Nelson, M.D., 321 pp., W. B. Saunders Co., February, 1957.

A symposium on respiratory disorders which includes sections on bacterial and nonbacterial infections.

Medical Clinics of North America

November, 1957, W. B. Saunders Company

The two subjects treated in this volume are brain damage in children and pediatric endocrinology.

Medical Clinics of North America

November, 1957, W. B. Saunders Company

A symposium from Philadelphia on gastroenterology.

Methods in Surgical Pathology

By Henry A. Teloh, M.D., 127 pp., $4.75, Charles C. Thomas, 1957.

For pathologists—but surgeons could profit from it too.

Psychobiology

By Adolf Meyer, M.D., 257 pp., $7.50, Charles C. Thomas, 1957.

Of enormous interest to psychiatrists, some of whom could probably understand it.

(Continued on page 494)

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*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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BOOK REVIEWS

(Continued from page 493)

Psychiatry and the Criminal

By John M. Macdonald, M.D., 227 pp., $5.50, Charles C. Thomas, 1957.

A practical guide in this specialized field.

Hypnography

By Ainslie Meares, 271 pp., $7.75, Charles C. Thomas, 1957.

A clinical study of interest to psychiatrists.

An Introduction to Functional Anatomy

By David Sinclair, 426 pp., $8.50, Charles C. Thomas, 1957.

A practical text aimed particularly at physiotherapists and others in fields related to medicine.

Practical Clinical Chemistry

By Alma Hiller, Ph.D., 265 pp., $6.50, Charles C. Thomas, 1957.

This will be of interest to the laboratory man.

Host-Parasite Relationships in Living Cells

Compiled and edited by Harriet M. Felton, M.D., 245 pp., $6.50, Charles C. Thomas, 1957.

The biology of infection.

Textbook of Urology

By Victor F. Marshall, M.D., F.A.C.S., 268 pp., $5.50, Paul B. Hoeber, Inc., 1956.

". . . primarily a guide for undergraduate medical students . . . useful also to the clinician who does not specialize in urology. . . ."

General Techniques of Hypnotism

By Andre M. Weitzenhoffer, Ph.D., 460 pp., $11.50, Grune & Stratton, Inc., 1957.

A forthright and practical exposition of hypnotic techniques.

Healthful School Living

Edited by Charles C. Wilson, M.D., 323 pp., $5.00, 1957.

School physicians should own this and use it.

The Postoperative Chest

By Hiram T. Langston, M.D., Anton M. Pantone, M.D., Myron Melamed, M.D., 228 pp., $8.00, Charles C. Thomas, 1958.

A radiographic atlas for chest surgeons.

The Diagnosis and Treatment of Infections

By D. Geraint James, M.A., M.D., M.R.C.P., 234 pp., $6.00, Charles C. Thomas, 1957.

A practical office manual for managing infections.

(Continued on page 500)

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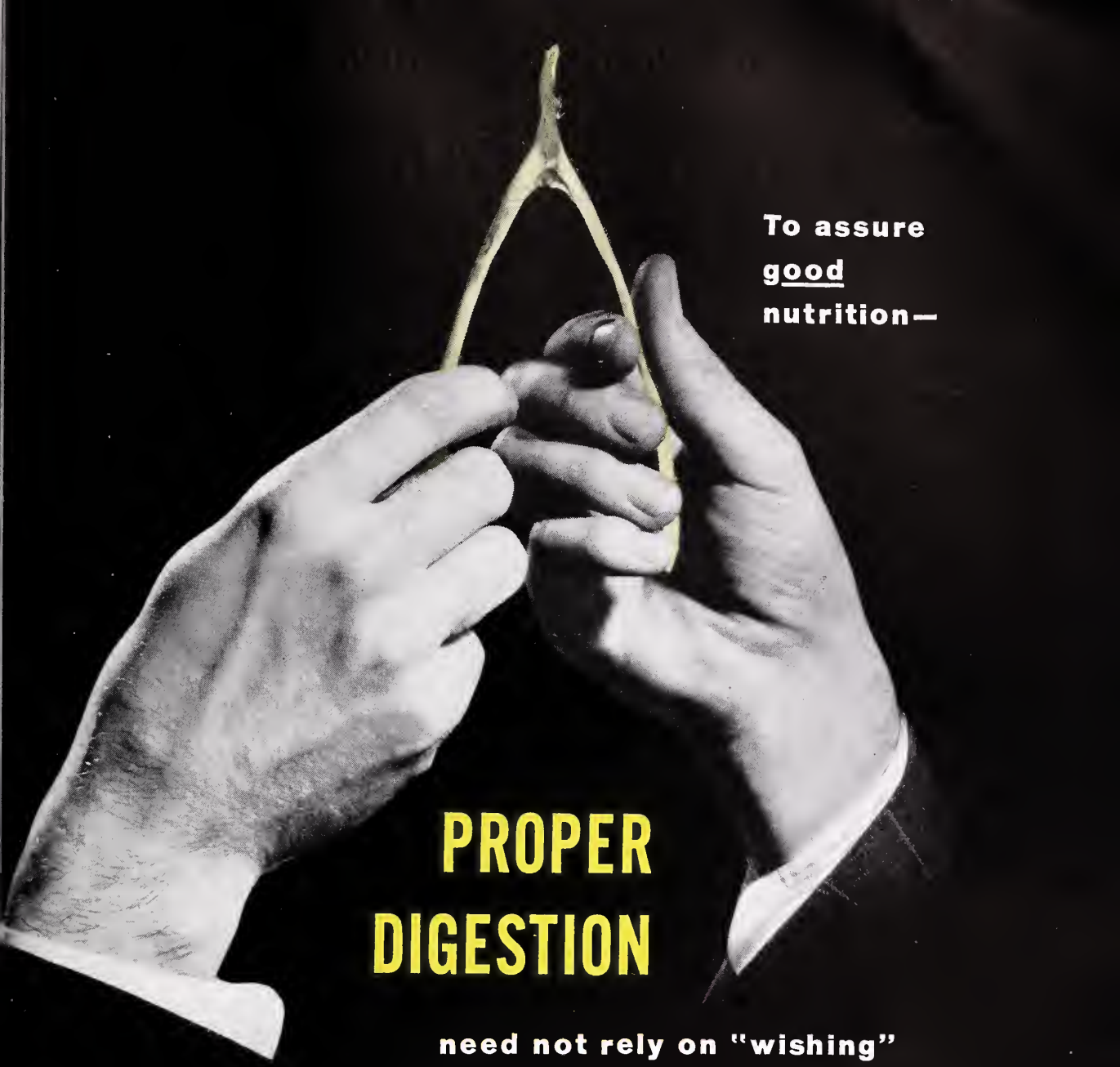
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References: 1. Council on Drugs, A.M.A.: J.A.M.A. 166:52, 1958. 2. Pulaski, E. J.: Practitioner 179:465, 1957. 3. Cronk, G. A., and Naumann, D. E.: Ant. Med. & Clin. Ther. 4:166, 1957. 4. Kaplan, M. A., Dickison, H. L., Hubel, K. A., and Buckwalter, F. H.: Ibid. 4:99, 1957. 5. Prigot, A., Shidlovsky, B. A., and Felix, A. J.: Ibid. 4:287, 1957. 6. Pulaski, E. J., and Isokane, R. K.: Ibid. 4:408, 1957. 7. Putnam, L. E.: Ibid. 4:470, 1957. 8. Rein, C. R., and Fleischmajer, R.: Ibid. 4:422, 1957. 9. Welch, H., Lewis, C. N., Staffa, A. W., and Wright, W. W.: Ibid. 4:215, 1957. 10. Cronk, G. A., Naumann, D. E., and Casson, K.: Antibiotics Annual, 1957-8, ed. by H. Welch and F. Marti-Ibanez, Medical Encyclopedia, New York, p. 397. 11. Dube, A. H.: Ibid. p. 409. 12. Hubel, K. A., Palmieri, B., and Bunn, P. A.: Ibid. p. 443. 13. Kaplan, M. A., Albright, H., and Buckwalter, F. H.: Ibid. p. 415. 14. Portney, B., Draper, T., and Wehrle, P. F.: Ibid. p. 386. 15. Shidlovsky, B. A., Prigot, A., Maynard, A. de L., Felix, A. J., and Hjelt-Harvey, I.: Ibid. p. 459.

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BOOK REVIEWS

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Management of the Patient with Headache

By Perry S. MacNeal, M.D., F.A.C.P., Bernard J. Alpers, M.D., Sc.D. (Med), F.A.C.P., and William R. O'Brien, M.D., F.A.P.A., 145 pp., $3.50, Lea & Febiger, 1957.

All about headache, with some psychosomatic emphasis.

Stedman's Medical Dictionary

Edited by Norman Burke Taylor, V.D., M.D., F.R.S.C., F.R.C.S. (Edin.), F.R.C.P. (Can.), M.R.C.S. (Lon.), 1656 pp., $12.50, The Williams & Wilkins Company, 1957.

Nineteenth edition of a standard medical dictionary. The section on leprosy needs rewriting.

The Handicapped and Their Rehabilitation

By Harry A. Pattision, M.D., 944 pp., $14.75, Charles C. Thomas, 1957.

Forty-four contributors present rehabilitation from every aspect.

The Medical Clinics of North America

LeRoy H. Sloan, M.D., Honorary Editor, W. B. Saunders Co., January, 1958.

A symposium from Chicago on difficult office problems.

Roentgen Diagnosis of Abdominal Tumors in Childhood

By Charles M. Nice, Jr., M.D., Ph.D., Alexander R. Margulis, M.D., and Leo G. Rigler, M.D., 75 pp., $4.00, Charles C. Thomas, 1957.

A concise and orderly presentation, beautifully illustrated.

The Doctor Eyes the Poor Reader

By Delwyn G. Schubert, B.S., M.S., Ph.D., 101 pp., $3.75, Charles C. Thomas, 1957.

The doctor's role in dyslexia.

Periodontia

By Henry M. Goldman, D.M.D., F.A.C.D.. and D. Walter Cohen, D.D.S., 535 pp., $12.50, The C. V. Mosby Company, 1957.

All about the gums and jaws.

The Reticular Formation of the Brain Stem Anatomical Aspects and Functional Correlations

By Alf Brodal, M.D., 87 pp., illus., $3.00, Charles C. Thomas, 1957.

For neurosurgeons.

Headache Diagnosis and Treatment

By Robert E. Ryan, B.S., M.D., M.S. (in Otolaryngology), F.A.C.S., 421 pp., $6.75, The C. V. Mosby Company, 1957.

Fifty-six aspects of headache are considered in detail.



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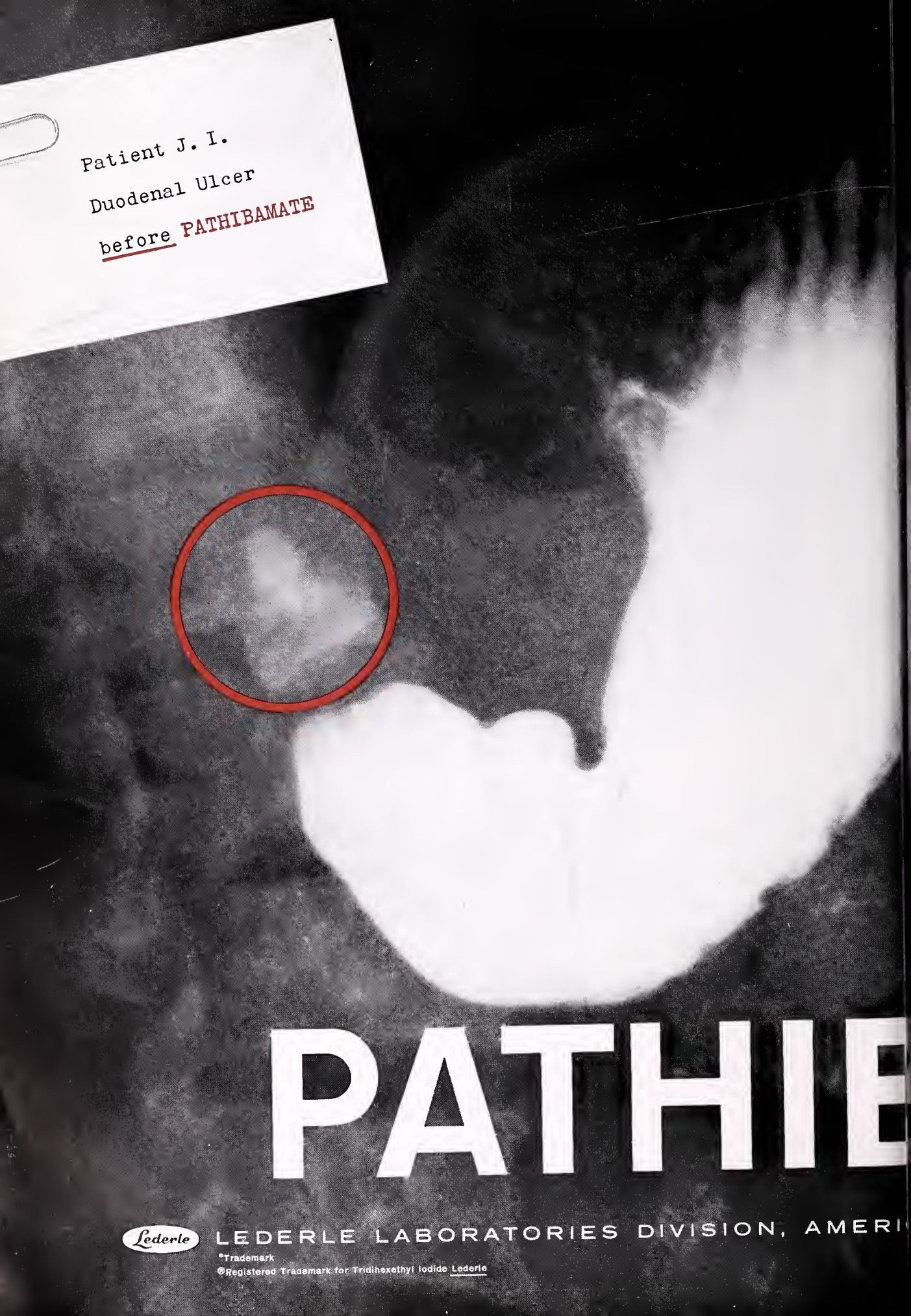
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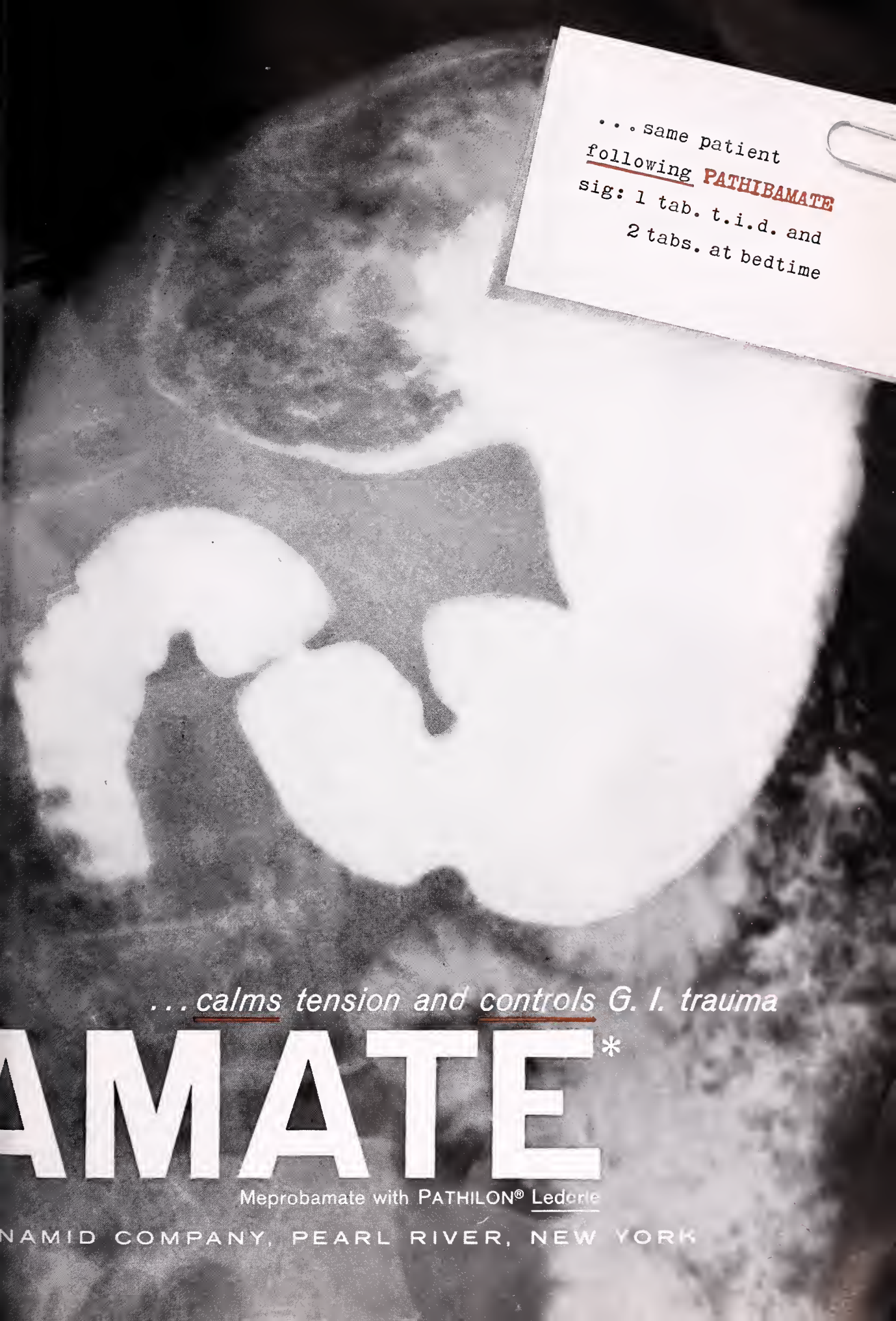
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Source—Hoffman, W. S.: The Biochemistry of Clinical Medicine, Chicago, The Year Book Publishers, Inc., 1954, p. 233.

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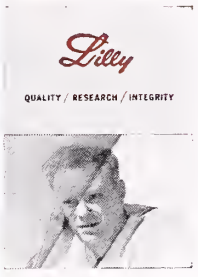
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Number 6

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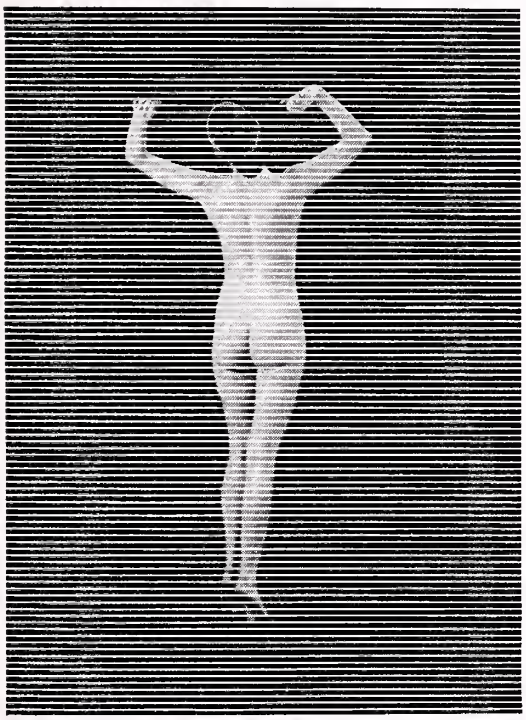
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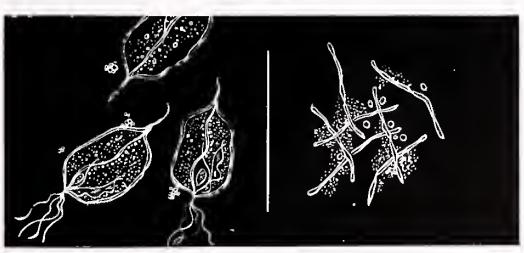
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(1) Hagedorn, A. B.: Proc. Staff Meet. Mayo Clin. **32**:705 (Dec. 11) 1957.
(2) Best, W. R.; Louis, J., and Limarzi, L. R.: M. Clin. North America (Jan.) 1958, p. 3.

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1 Grieble, H.G., and Jackson, G.G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958

2. Editorial: *New England J. Med.* 258:48-49, 1958.

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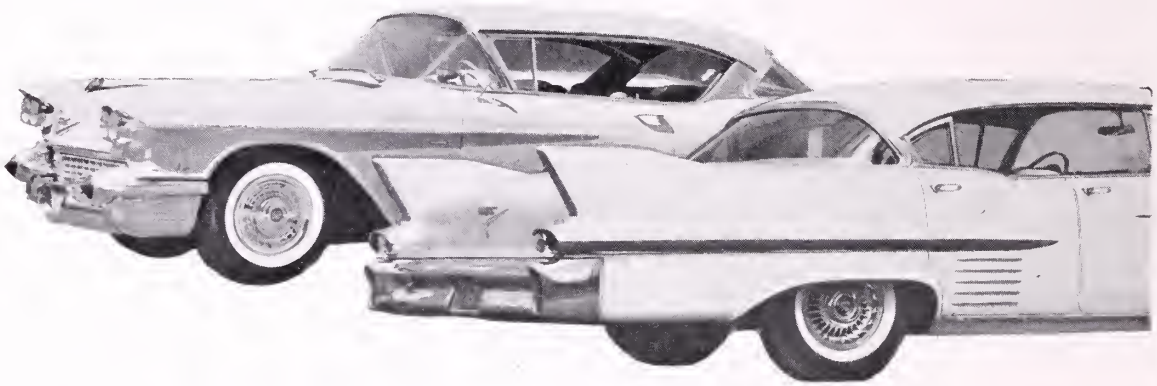
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13. Sulzberger, M. B.: New York J. Med. 56
14. Robinson, H. M., Jr.; Robinson, R. C.
Cohen, M. M.: U.S. Armed Forces M. J.
15. Canizares, O.; Shatin, H., and Rosenb
Med. 55:3583, 1955.
16. Sternberg, T. H., and Newcomer, V.
Treat. 6:1102, 1955.
17. Baer, R. L.: J. M. Soc. New Jersey 5
18. Lane, C. W.: Postgrad. Med. 18:218, 195
19. Goldman, L., and Preston, R.: "Meti"
son Ivy Dermatitis, to be published.
20. Mathewson, J. B.: New York J. Med. 56
21. Noojin, R. O.: South. M. J. 49:149, 1956
22. Goldman, L.; Flatt, R., and Baskett,
25:75, 19
23. Frank,
24. Mullins,
H. M., J
25. Weidma
73:58, 1

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BIBLIOGRAPHY

(1) Noojin, R. O.: South. M. J. 49:149, 162:1379, 1956. (3) Goldman, L.; Flatt, 25:75, 1955. (4) Frank, L., and Stritzler, (5) Robinson, R. C. V., and Robinson, (6) Canizares, O.; Shatin, H., and Rosen 1955.

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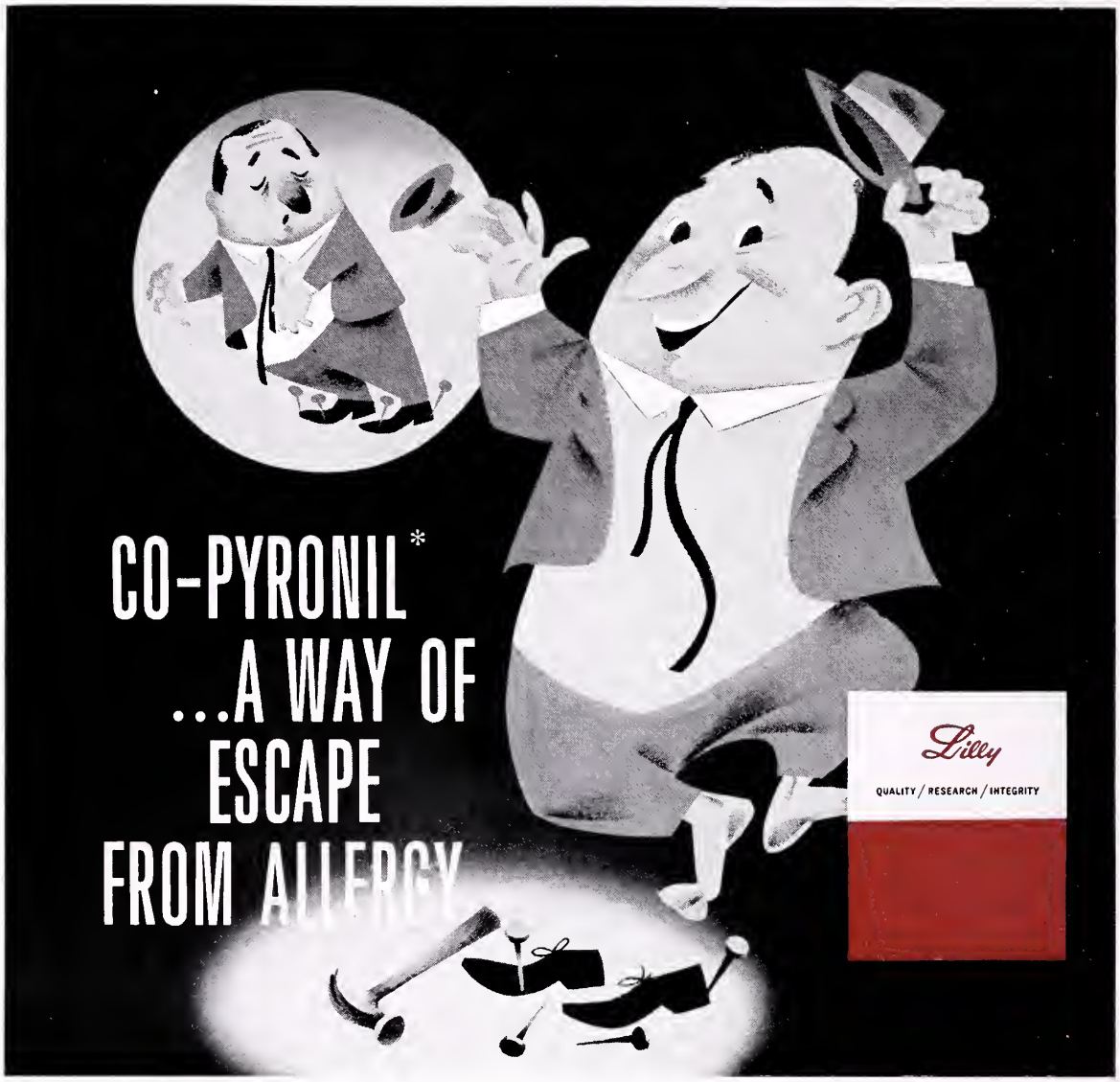
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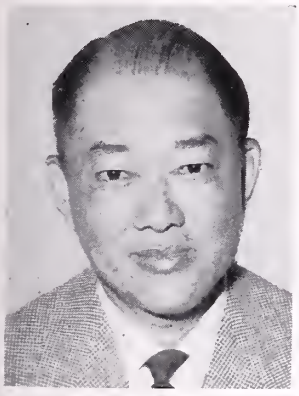
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Presidential Address

SAMUEL L. YEE, M.D.,* Honolulu

SIX YEARS AGO, your then President addressed us in this same auditorium on the subject of stress. He defined it very completely, including Webster's version: "any force exerted on or between bodies or parts of bodies, causing strain, tending to draw or pull the parts of a body asunder, to crush, bend or break it, etc." He warned us of the effects of excessive stress, but he also emphasized the benefits derived from just the proper dosage.



DR. YEE

Some of these stresses have, indeed, pushed us to much progress. It is with pleasure that I enumerate for the general membership a few of the more significant accomplishments, especially those endeavors which will require continued study and follow up during the coming year.

A good relationship with the Federal government has been particularly well promoted by the Federal Medical Services Committee. I am sure that, if you give this serious thought, you will realize that the fees that you have received in return for the services you rendered, although not ideal, have been as reasonably adjudicated by this committee as can be expected, under very pressing circumstances. As a matter of fact, bearing in mind that these particular patients fall in the low to moderate income groups, we would hesitate to say that, by comparison, remuneration from Medicare has not been equal to or has not matched that of other groups. This does not mean that we advocate government medicine, but rather, we will continue to negotiate according to our principles and standards as fair a solution as possible, to any situation that may be thrust upon us.

A virtual "shot in the arm" was rendered to the cause of civil defense by the Emergency Medical Service Committee. This committee's job is vast and detailed, with many ramifications, but so vital that the Governor of Hawaii, the Honorable William F. Quinn, deemed it important enough to deliver the opening address of a symposium arranged by the committee on the subject "Compromises Required in the Management and Treatment of Mass Casualties."

The response to these two meetings was extremely gratifying and it is a credit to the neighbor island physicians that they showed such enthusiastic interest. Noteworthy was the complete cooperation among the medical and allied professions: the Board of Health, the armed services, the National Guard, and the Red Cross. Special commendation must go to the medical staff of Tripler Hospital, whose staff presented the informative papers. Let me impress upon you the necessity for assuming your role in civil defense. There must be no complacency. This committee has been so effective that I would wish, for my successor, their continued service in the same capacity.

It has become apparent that Hawaii will be a meeting place for an increasing number of medical conventions, more so than has been anticipated. Experience will continue to teach us how to expedite arrangements for them. Your committee of the 1958 Summer Medical Conference has worked long and hard. Not only will a successful outcome disseminate scientific knowledge to our membership, but it will also mean welcome additions to our limited treasury. Moreover, one of the aims of this conference will be to demonstrate in tangible form, with a check, to the Woman's Auxiliary, our very deep and sincere appreciation of their many invaluable services.

Presidential address given at the 102d Annual Meeting of the Hawaii Medical Association in Honolulu, May 2, 1958.

* President of the Hawaii Medical Association, 1957-58.

The Reference Committee system of conducting the business of our annual meeting was introduced this year after careful planning. Patterned after that of the AMA, it allows not only the delegates, but also other members, to express their views on any of the issues scheduled on the agenda. Each member has a responsibility to participate in the activities of the Association, and in turn the Association has the responsibility to provide open channels for each member to participate. Success of this system has been acknowledged by all participants. Its continuation, I believe, will expedite the important deliberations of the House of Delegates. My warm and sincere appreciation goes to those who have counselled and guided me through this year's innovation.

The Physicians' Aid Fund was conceived as a means to give financial assistance to members of the medical association who, by reason of age or infirmity, become no longer able to meet adequately their daily needs; or to the immediate surviving family dependents of those deceased members who have left them insufficient support and in urgent need. It is something worth our efforts to work out, though it will require many years to accumulate enough funds to put it in operation.

The number of commercial exhibits is greater this year than ever before. These displays constitute an integral part of any medical convention and I urge all of you to visit them. Their arrangement and spacing has been no small task. Thanks to our committee, the Mabel Smyth Building management and the exhibitors for their wonderful cooperation in this matter.

I could go on specifically detailing many more activities but the stress of limited time does not permit me to do so.

As you are well aware, for every stress, there is a resultant strain. A housefly sitting on a steel bar causes a realignment of molecules and produces measurable strain. The barfly sitting on a bar stool with only 20¢ in his pocket produces strain in many places. The flower in the crannied wall bends toward the sun, under the stress. Little Johnnie, distressed by the sight of his pediatrician, strains to get away. All this is not provocative enough to result in injury. In the good old days, even the family doctor who answered every call, 24 hours a day, was still not unduly strained, for he lived happily to a ripe old age.

Today, however, we are being pulled and bent by controversial medico-legal suits, panel medicine, and the pressures exerted by labor, industry, and government. These stresses seem to have increased significantly in number and in kind, and are added to the stress of keeping up with the many rapid advancements made by our eminent colleagues, such as Doctors Schmitz and Kimbrough. There is no reason to believe that tomorrow, these stresses will disappear. As these stresses push a little, we grow a little and stretch a little, so that these stresses may never become excessive.

Lacking the eloquent oratorical attributes of my predecessors, I cannot express to you as adequately, my appreciation of the privilege and honor you bestowed on me by letting me serve you as President of the Hawaii Medical Association this past year. However clumsily, I want to thank especially those who so selflessly contributed of their time and effort toward the welfare of our organization; also the officers and our Executive Secretary, Miss Lee McCaslin, for their constant assistance and support.

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Part two of a highly informative and practical article.

Antepartum Hemorrhage: II
Placenta Previa

ROBERT A. KIMBROUGH, M.D.,* AND
ROBERT A. RODGERS, M.D.,† Philadelphia

THE SECOND section of this presentation is based upon a study of 169 cases of placenta previa in the Philadelphia Lying-in Division of the Pennsylvania Hospital during the 10-year period January 1, 1944, through December 31, 1957. This period was chosen because it more clearly represents our current thinking and management than would a study extending further into the past. Included only are those cases occurring beyond the twenty-eighth week of pregnancy in which the diagnosis was definitely established by feeling the placenta through the cervix, its visualization by x-ray studies, or by confirming its low attachment at the time of cesarean section. By observance of these criteria, many cases of mild painless bleeding were eliminated even though it is likely that a relatively low implantation of the placenta existed in many others.



DR. KIMBROUGH

TABLE 1.—*Incidence of Placenta Previa, 1944 through 1957*

Total number of deliveries	41,919
Number of cases of placenta previa	169
Incidence	1 in 248

Second of two parts. Read before the Annual Meeting of the Hawaii Medical Association, Honolulu, May 2, 1958.

* Professor of Obstetrics and Gynecology, School of Medicine, University of Pennsylvania.

† Senior Resident, Department of Obstetrics and Gynecology, Pennsylvania Hospital.

The incidence of placenta previa varies with the strictness of the criteria for its diagnosis.

TABLE 2.—*Types of Placenta Previa, 1944 through 1957*

	NUMBER
Total	23
Partial	20
Low implantation	113
Not stated	13

Low implantation without actual encroachment on the internal os was the type most commonly encountered. Next in order of frequency were partial, in which the placenta covered only a portion of the internal os, and central implantation.

TABLE 3.—*Methods of Delivery in Placenta Previa, 1944 through 1957*

		CASES	PERCENT
Vaginal Delivery		51	30.1
Forceps	22		
Spontaneous	25		
Version and Extraction	2		
Breech Extraction	1		
Braxton-Hicks Version	1		
Cesarean section		118	69.9
TOTAL CASES		169	100.0

The choice of treatment in placenta previa is dependent upon the severity of hemorrhage, the viability of child, the degree of shock, the location of the placenta, the presentation, and the amount of cervical dilatation.

In former years the diagnosis or even a strong suspicion of placenta previa were considered as indications for immediate institution of methods for delivery. This attitude was attended by a high percentage of premature deliveries with an inevitable high rate of fetal mortality. Following the work of MacAfee, Johnson, and the late Tiffany

Williams, the so-called expectant treatment of placenta previa has been adopted in the effort to avoid fetal loss from prematurity.

Patients who present this complication prior to the thirty-eighth week of pregnancy are treated expectantly unless the bleeding is truly alarming in amount or duration. In most instances the first bleeding will cease spontaneously if the patient is kept in bed. Vaginal examination except by speculum is avoided prior to the thirty-eighth week because of the danger that digital dislodgement of the placenta may force premature delivery. Because of the well-known tendency of subsequent hemorrhages to be increasingly profuse, such expectantly managed patients should remain in the hospital until delivery.

If the bleeding occurs during labor, and the placenta is marginal or lateral, and the presentation is polar, rupture of the membranes often will allow the presenting part to make sufficient pressure on the separated placenta to control the bleeding. In such instances labor is allowed to proceed to spontaneous or low forceps delivery. If the cervix is completely dilated and if the baby is small, version and extraction may occasionally be the procedure of choice except in the central type of implantation. Because of the potent danger that deep laceration of the cervix may extend into the placental site, manual dilatation of the cervix is strictly contraindicated.

Braxton-Hicks version, while occasionally a life-saving measure for the mother under emergency conditions, is, we believe, best reserved for those cases of marginal and lateral placenta previa in which the child is dead or not viable.

By following these principles, we were able to deliver 51 of our patients by the vaginal route, with no attendant maternal mortality.

In 118 of our cases, cesarean section was performed. If the bleeding is profuse and the cervix is closed, we feel that the interests of both mother and child are best served by this procedure. Regardless of the amount of cervical dilatation cesarean section is done in every case of central placenta previa and in most instances of malpresentation.

TABLE 4.—*Maternal Mortality from Placenta Previa, 1944 through 1957*

Cases of placenta previa	169
Maternal deaths from placenta previa	0

There were no deaths among the 51 patients in whom the amount of cervical dilatation and other favorable factors permitted vaginal delivery. Unfortunately a relatively small number were found amenable to such simple measures. No mortality attended the 118 cesarean sections.

TABLE 5.—*Gross Fetal Mortality of Placenta Previa According to Method of Delivery, 1944 through 1957*

	% MORTALITY
Vaginal delivery	
8 deaths in 51 cases	15.7
Cesarean section*	
11 deaths in 120 cases	9.2
Total fetal mortality	
19 deaths in 171 cases	11.1
(11 of 19 dead babies weighed under 4 pounds)	
CORRECTED FETAL MORTALITY	4.2

* Included 2 sets of twins.

Intrauterine asphyxia was presumably responsible for most of the fetal deaths and was, no doubt, a contributory cause in all of them. Prematurity was the next most frequent factor as 11 of the 19 babies who died weighed less than 4 pounds.

Our experience has resulted in adoption of certain principles in the management of placenta previa.

1. Accurate diagnosis of the cause of bleeding is desirable. A cautiously performed vaginal examination, preferably with a speculum only, may reveal that the bleeding is due to a cervical polyp, an erosion, or, rarely, a cervical carcinoma, rather than to placenta previa. Examination, however, entails the danger of sudden profuse bleeding as well as the risk of infection. No patient suspected of placenta previa should be examined until the operating room is ready for both vaginal and abdominal delivery. Rectal examination has no place in the management of this complication; it is attended by great likelihood of producing hemorrhage and gives less accurate information than one can obtain by vaginal examination.

X-ray studies by the "soft tissue" technique have been valuable in localization of the placenta. By this method the normally situated placenta is well visualized in practically all cases; the low-lying placenta is hidden by the pelvic bones. Finding the placenta high in the uterus is definite evidence against placenta previa; failure to visualize it indicates that the placenta is probably, but not necessarily, located in the lower uterine segment. The technique is, therefore, dependable only in ruling out, rather than positively diagnosing, placenta previa. This method of study is applicable obviously only to those patients whose bleeding has almost or entirely ceased.

2. Treatment of shock and replacement of blood by transfusions of whole blood are essential before instituting procedures for delivery. Indeed, the patient should not be examined until she has reacted, because of the danger of additional hemorrhage from digital dislodgment of the placenta.

3. Expectant treatment of patients with placenta previa in the hope of bringing the child to

greater viability is advisable provided the patient remains in the hospital throughout the remainder of pregnancy.

4. Because of the danger of profuse hemorrhage from the vessels of the placental site and the added risk of infection, manual dilatation of the cervix and forcible vaginal delivery have no place in the treatment of this condition.

5. If the cervix is dilated and the placenta previa is only partial or marginal, rupture of the membranes will often allow the presenting part to make the pressure on the placenta sufficient to stop the hemorrhage. Under similar conditions version and extraction are occasionally indicated but only if the cervix is completely dilated.

6. Braxton-Hicks version should be utilized only in those cases in which the baby is dead or nonviable and in which the cervix is partially dilated. While it is undoubtedly a valuable means of saving maternal life under emergency conditions, it entails almost certain sacrifice of the child.

7. The hydrostatic bag possibly has its place in the treatment of certain cases of marginal and lateral placenta previa but several instances of continuing, concealed intrauterine hemorrhage following its insertion have resulted in our abandonment of this procedure.

8. In all cases in which the cervix is not dilated, in all cases of central placenta previa regardless of the cervical dilatation, and in those of malpresentation of the fetus, cesarean section is the safest and therefore the most conservative form of treatment. The fetus as well as the mother may lose blood through the separated and damaged placenta. Incision through the placenta produces additional fetal hemorrhage. For these reasons, classical cesarean is preferred to the low cervical operation.

9. The use of an oxytocic intravenously by continuous drip immediately on completion of delivery will lessen considerably the danger of postpartum hemorrhage.

10. Blood transfusions are indicated following delivery to combat anemia and to improve the patient's resistance to infection. If in doubt, more blood should be given than the amount the patient has lost.

Summario in Interlingua

Hemorrhagia ante parto ha duo causas major, i.e. separation prematur del placenta, e placenta previe. Le prime del duo (discutite in Parte I del presente articulo) se incontra in grossiermente un pro cento del parturitiones in le practica del autor. Toxemia esseva associate con illo in solmente nove (9) pro cento del casos. Le hemorrhagia esseva frequentemente celate. Fibrinogenopenia esseva un frequente e serie complication. Quasi tres quartos del patientes parturiva per via vaginal (usualmente con separation durante le labores), minus que un tertio per section cesaree (usualmente con separation ante le labores). Le total mortalitate materne esseva un morte in 383 casos. Le corrigite mortalitate fetal esseva 14,3 pro cento. Leve casos deberea esser tractate con solmente preparatessa e vigilantia. Sever casos merita vacuation prompte del utero per methodos non-traumatic e grande attention prestate al tractamento pro choc o perdita de sanguine.

In le experientia del autor, placenta previe esseva incontrate in un ex omne 248 parturitiones. Trenta pro cento de illos esseva effectuate per via vaginal, 70 pro cento per section cesaree. Le mortalitate materne esseva nulle. Le corrigite mortalitate fetal esseva 4,2 pro cento. Le diagnose deberea esser establite per examine vaginal, nunquam per examine rectal. Roentgenogrammas de histos molle es de adjuta in excluder le diagnose. Reimplaciamento del sanguine perdite e correction de choc debe esser effectuate ante le parturition. Dilatation cervical e fortiate parturition vaginal es periculose. Le sacco hydrostatic ha essite abandonate per le autor. Quando section cesaree es usate, le procedimento classic es preferite. Oxytocina per guttation continue es recommendate post parto, insimul con generose transfusiones de sanguine.

25 humans are known to have been stung as a result of handling cone shells—and 5 have died! Conus geographus and Conus textile have caused all the fatal cases. None of the 5 Hawaiian cases has been fatal.

Cone Shell Stings

Recent Cases of Human Injury Due to Venomous Marine Snails of the Genus Conus

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THIS paper summarizes information on a number of recent cases of injury inflicted upon humans by marine snails of the circumtropical genus Conus.

Accounts of the five previously unreported instances of humans stung by Conus in the Hawaiian Islands are included. Four of them were due to three species of Conus not previously known to be toxic to man. Cases in other areas of the Indo-West Pacific region have been reported in scattered publications. Only one reported occurrence since the last general summary (Hermitte, 1946) has come to my attention. It is discussed below. Notes on previously unreported cases from Australia, Kwajalein (Marshall Islands), and Guam (Marianas Islands) are also included.

Biology and Venomology of Conus

The genus Conus is with a few exceptions confined to the tropics, where its representatives are most abundant in shallow water. Members of this genus are the most abundant large marine snails in many areas of the Indo-Pacific region. They are characteristically associated with coral reefs. Twenty or more species of Conus are often present on a single reef or other confined area.

The animals are typically nocturnal, burrowing in sand or under stones or coral during the day and actively crawling about at night, often apparently in search of food. All members of the genus are believed to be predatory carnivores. I have studied the feeding habits of about 30 species. Most species feed on annelid worms, some feed on other snails, and a few feed on small fishes (Kohn, 1956).

The sting of Conus is normally used by the mollusk to paralyze prey organisms prior to feeding. The operation is accomplished by injection of a detachable radula tooth, accompanied by venom. The process is described by Kline (1956) and Kohn (1956). The venom is probably a neurotoxin. Its chemical nature is unknown but is under investigation.

Several recent authors have discussed the venomousness of Conus, though not reporting new cases of human injury. Hiyama (1943) lists the species of Conus known to have stung humans according to the "presumed strength" of the venom. The most venomous species listed is C. tulipa Linné, followed by C. geographus Linné, C. textile Linné, C. aulicus Linné, and C. striatus Linné. However, C. geographus has been responsible for more reported human fatalities than any other species, while no fatality has been reported from the sting of C. tulipa. C. geographus is also the largest of those mentioned, attaining a length of six inches. It therefore probably delivers a larger quantity of venom with each injection than does C. tulipa, which reaches a length of about three inches. The single recent C. tulipa sting reported below caused only minor discomfort. It is the present writer's opinion that C. geographus is probably the species most dangerous to humans.

Conus textile and C. aulicus may each exceed four inches in length. The writer has not observed living C. aulicus, but individuals of C. textile are extremely active animals. Since stings of C. textile have been fatal in two reported cases, it should be placed high on the list of the more venomous species. Previous to Hiyama's (1943) list, C. striatus

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had not been reported to be toxic to humans. It is, however, rather related to the C. geographus group and has an extremely well developed venom apparatus and radula tooth (Clench and Kondo, 1943; Kohn, 1956).



DR. KOHN

Although shell size has been correlated with venomousness in the preceding discussion, such a generalization is not valid for the entire genus. For example, Conus leopardus (Röding), one of the largest species in the genus, may reach a length of nine inches. However, this species is characterized by a rather poorly developed venom apparatus with a radula tooth only about one-tenth as long as those of C. geographus, C. striatus, and C. textile. Observations on living specimens revealed that the prey is not stung prior to feeding but engulfed alive. Such a species, despite its size, is likely to be of little danger to man.

Cotton (1945) listed species of Conus previously known to have stung humans, and Hubert (1948) discussed the species which are likely to be dangerous in the Indonesian area. Fish and Cobb (1954) reviewed the geographical distribution of the previously reported occurrences.

Cases Prior to 1946

Hermitte (1946) summarized the 16 cases of Conus stings reported previously. These were inflicted by five species, as follows: C. aulicus, one case, not fatal, in the Moluccas; C. textile, five cases in Melanesia, two of which were fatal; C. marmoreus Linné, one case, not fatal, in the New Hebrides; C. tulipa, three cases in New Caledonia and the Tuamotu Islands, none of which were fatal; C. geographus, five cases in New Britain, Fiji, Japan, and Australia, of which three were fatal.

A previously unreported non-fatal case is described in detail by Hermitte (1946). The wound was inflicted by Conus geographus in the Seychelles Islands. It is the only known case from the Indian Ocean.

Recent Reports

Petrauskas (1955) has reported on a recent case from Manus Island, New Guinea.[1] On August 27, 1954, at about noon, a girl about eight years of age was stung by Conus omaria Hwass, a species not previously known to be toxic to humans. The victim collapsed after being stung in the thenar region. The wound appeared as a black spot surrounded by a moderately swollen area. Examination showed slurred speech, complete palsy, shallow breathing, absence of reflexes in the lower legs, arms and neck, partial affection of hand muscles, and complete freedom of face muscles. The heart rate was higher than normal. The temperature was not elevated. Complete paralysis of the respiratory muscles followed. Breathing was maintained by Silvester's method and later by oxygenation by means of an endotracheal tube and portable anaesthesia apparatus. Vitamin B_1 (100 mg) and penicillin (200,000u.) were administered. In two hours the patient had regained consciousness. Gradual recovery of respiration followed, but artificial respiration was continued for two more hours. The patient had completely recovered by the following morning. No after-effects were mentioned.

Conus omaria, a species related to C. textile, should thus be included as one of the species most dangerous to humans. The sting in the case cited would probably have been fatal in the absence of medical attention. Petrauskas (1955) also states that he was informed that other, unreported cases of fatal Conus stings have occurred on Manus Island.

Hitherto Unreported Cases from the Hawaiian Islands

An adult male was stung by specimens of Conus obscurus Sowerby (Fig. 1a) while collecting shells at Kahuluu, Hawaii, and Nanakuli, Oahu, on April 20, 1947, and April 29, 1956, respectively. These are the first known instances of human injury due to C. obscurus, a species which, although rather small, is closely related to C. tulipa and has a large and well developed venom apparatus. On both occasions a sharp stinging pain was experienced. Local edema, redness, and swelling followed and lasted for about one hour. The effect was described by the victim as similar to the sting of a centipede. Treatment consisted of vigorous rubbing and squeezing to express serum. No after-effects were noted.

In June, 1955, an adult female was stung in the thenar region by a specimen of Conus nanus Sowerby (=C. sponsalis Hwass?) (Fig. 1b) while collecting shells at Waianae, Oahu. This is the first known case of human injury due to this species, which is small and does not have a large venom apparatus. An intense stinging sensation, localized at the point of puncture, lasted about

[1] The writer is indebted to Dr. Alison Kay, who called his attention to this report and provided additional information.

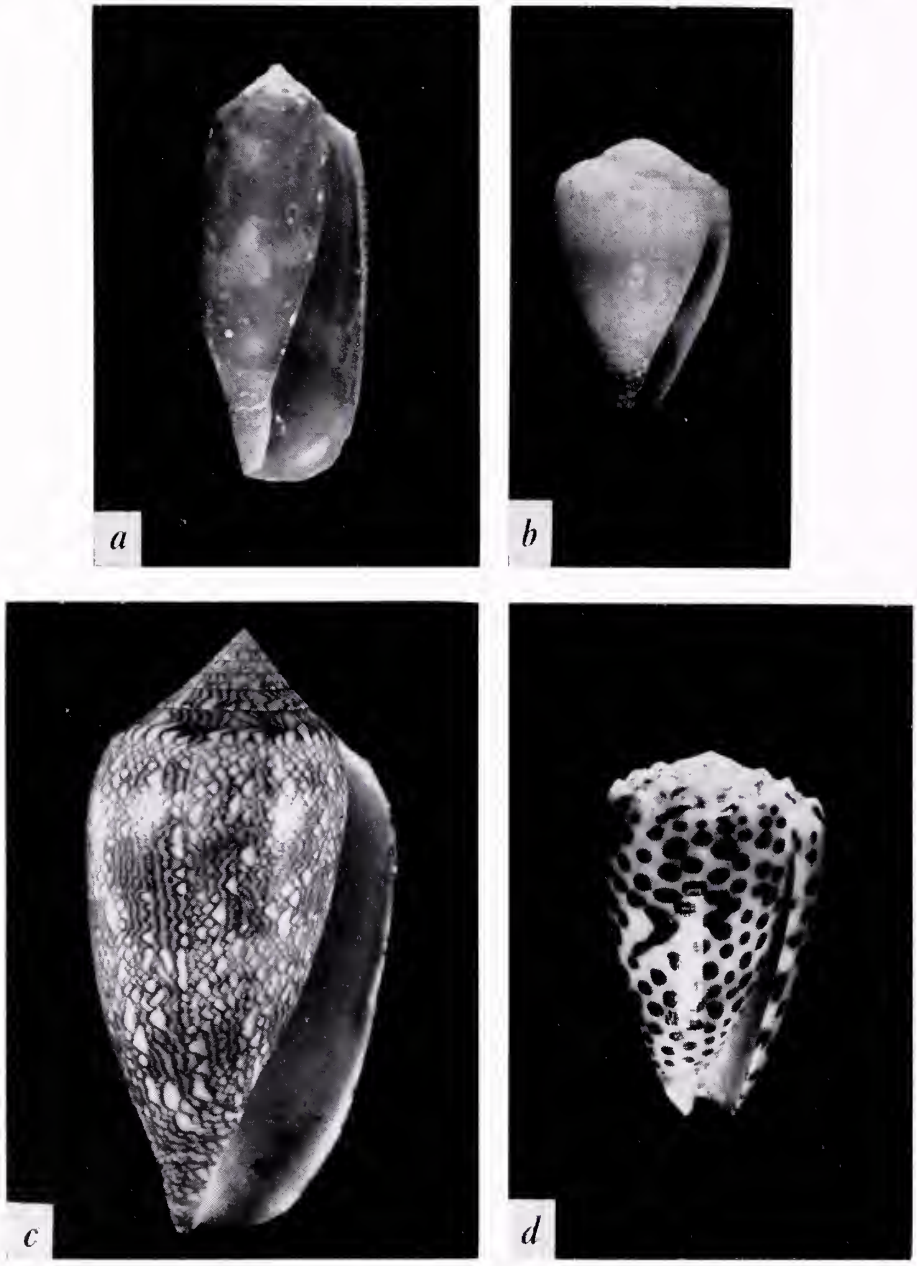


FIG. 1.—Shells of species of Conus responsible for human injuries in the Hawaiian Islands. *a*, Conus obscurus Sowerby; *b*, Conus nanus Sowerby (= C. sponsalis Hwass); *c*, Conus textile Linné; *d*, Conus pulicarius Hwass. *a* and *b* 2X natural size; *c* and *d* natural size. Photographs by Mr. C. Sueishi.

one hour. No other effects were noted, and the wound was not treated. A red spot still marked the site of the puncture, however, 18 months later.

On July 5, 1956, an adult male was stung by a small specimen of Conus textile (Fig. 1c), about one inch in length, while collecting shells at Nanakuli, Oahu.[2] Site of the wound was the second joint of the left forefinger. The wound was lanced to enhance bleeding. Blood was sucked from the wound. The victim complained of immediate shortness of breath and developed a severe headache after 15 minutes. Extreme nausea followed and lasted 12 hours. Severe stomach cramps followed in the evening, some nine hours after the sting. The victim received no medical attention and was in normal health the following day, except for localized pain at the site of puncture.

[2] The author is grateful to Mrs. R. M. Gray, who supplied this information. A report of this case appeared in the *Hawaiian Shell News*, mimeographed publication of the Hawaiian Malacological Society, v. 4, no. 10, p. 103, Aug., 1956.

On November 13, 1955, at Nanakuli, Oahu, an adult male was stung on the finger as he reached into the sand to pick up a partially buried specimen of Conus pulicarius Hwass (Fig. 1d). A stinging sensation, which lasted for about one-half hour, and slight bleeding were reported by the victim. The injury was not treated and no other effects were noted.

Hitherto Unreported Cases from Kwajalein, Marshall Islands

No cases of human injury due to Conus have been previously reported from the Marshall Islands. In April, 1954, an adult male was stung by a specimen of C. tulipa while collecting shells at Kwajalein. The sting, in the right thenar region, was described by the victim as similar to a bee sting. The pain lasted five to ten minutes. The wound was not treated and no ill effects followed.

Hitherto Unreported Case from Guam, Marianas Islands

An incomplete report of an adult male stung by a specimen of Conus lividus Hwass on Guam in April, 1957, has been received in a letter from Mr. H. T. Ward. The injury was inflicted on the finger and was followed by severe pain throughout the entire arm for some time afterward. No additional details could be obtained. C. lividus was not previously known to be toxic to man. It is not closely related to any of the other species cited in this report.

Hitherto Unreported Case from Australia

While at Hope Island on the Great Barrier Reef in 1948, an adult female was stung on the thigh by a specimen of Conus which was being carried in a pocket.[3] The species responsible was not determined, since specimens of C. textile, C. marmoreus, and C. nussatella Linné were being carried in the same pocket. The site of the sting was marked by a raised inflamed area which persisted for two weeks. A severe headache followed the stinging but was apparently of short duration. If the area of the sting came in contact with salt water, extreme pain and throbbing resulted. No medical care was available. Recovery was complete after two weeks.

Symptomatology of Conus Stings

Symptoms associated with the cases reported and cited herein vary considerably. Hiyama (1943) describes the effect of the sting without specifying the species to which he refers. "The sting leaves a hole like that pierced by a needle, and a space around it as large as a copper penny turns purple. The venom spreads through the body rather rapidly, and cases are known in which death resulted within an hour after being stung." (Hiyama, 1943. Quoted from English translation, 1950.)

Halstead (in press) has recently summarized the symptoms which may be expected from Conus stings as follows: "Localized ischemia, cyanosis, and numbness in the area about the wound, or a sharp stinging or burning sensation are usually the initial symptoms. The presence and intensity of the pain varies considerably from one individual to the next. Some state that the pain is similar to a wasp sting, whereas others find it excruciating. Swelling of the affected part usually occurs. The numbness and paresthesias begin at the wound site and may spread rapidly, involving the entire body, particularly about the lips and mouth. In severe cases paralysis of the voluntary muscles is initiated early, first by motor incoordination followed by a complete generalized muscular paralysis. Knee jerks are generally absent. Aphonia and dysphagia may become very marked, and distressing to the victim. Some patients complain of a generalized pruritus. Blurring of vision and diplopia are commonly present. Nausea may be present, but gastro-intestinal and genito-urinary symptoms are usually absent. Coma may ensue, and death is said to be the result of cardiac failure. The exact cause of death is unknown.

Two of the more severe cases reported above differ from this description in that respiratory distress was marked. In the case reported by Petrauskas (1955), death due to respiratory rather than cardiac failure apparently would have ensued had the victim not received artificial respiration. None of the victims of Conus stings in Hawaii reported paralysis, dysphagia, visual or auditory symptoms, or generalized pruritus. Other symptoms mentioned in Halstead's summary were present in varying degrees.

Danger to Humans

The danger of human injury due to Conus is greatest in the Indo–West Pacific region, where the most venomous species are of widespread occurrence. Since the venom apparatus is a characteristic feature of this genus, all species are potentially dangerous to humans. However, certain species have particularly well developed venom apparatus and radula teeth. These species are often characterized by relatively thin shells with wide apertures, which may flare basally (Figs. 1a, 1c).

[3] An account of this case is given in a letter from the victim to the Hawaiian Malacological Society and included in the *Hawaiian Shell News*, v. 5, no. 1, p. 4, Nov., 1956.

The living animals should be handled, if necessary, with special care.

The most effective immediate treatment of Conus stings is probably lancing of the wound and removal of as much venom as possible by suction.

Summary and Conclusion

Eight hitherto unreported cases of human injury due to stings of marine mollusks of the genus Conus are discussed. Five of these occurred in the Hawaiian Islands, one in the Marshall Islands, and one in the Marianas Islands. No cases of Conus stings have previously been reported from these three archipelagoes.

Five of the cases reported were caused by four species of Conus not previously known to be toxic to man. All species of Conus are potentially dangerous to man, but certain species are particularly venomous. The shell characteristics of these species are noted.

A total of 25 cases of Conus stings are now known. Of these, five, due to C. geographus and C. textile, were fatal. The symptoms resulting from Conus stings vary considerably. A complex syndrome may be present. Immediate lancing of the wound and sucking of the venom from it are recommended. Further treatment is symptomatic.

Addendum

Since this manuscript was submitted for publication, a second case in the Seychelles Islands has come to the attention of the author. In February, 1957, a 10-year-old girl was stung on the fourth finger of the right hand by a specimen of Conus imperialis Linné. The incident occurred at Beau Vallon, Mahé Island. Severe pain at the site of the sting was experienced immediately but diminished during the next hour. The victim was taken to a hospital, where an incision was made in the wound to enhance bleeding. The patient was not detained at the hospital and was fully recovered the following day.

Summario in Interlingua

Octo nove casos de piccatura per conchas del genere *Conus* es addite al 17 que esseva previemente reportate. Cinque occurreva in Hawaii, un in le insulas Marshall, e un in le Marianas. Nulle caso de piccatura per *Conus* habeva previemente essite reportate ab iste archipelagos. Un nove caso occurreva in Australia.

Cinque del casos reportate esseva causate per quatro species de *Conus* non previemente recognoscite como toxic pro homines: *Conus lividus, C. pulicarius, C. obscurus,* e *C. nanus.* Nulle de iste casos esseva mortal.

C. geographus ha causate tres casos mortal, *C. textile* duo. *C. omaria* ha causate un caso quasi mortal. Le remanente casos esseva dolorose e vexante sed non seriose.

Bibliography

Clench, W. J., and Kondo, Y.: The poison cone shell, Amer. Jour. Trop. Med. 23, 105-120, 1943.

Cotton, B. C.: A catalogue of the cone shells (Conidae) in the South Australian Museum. Rec. South Austral. Mus. 8, 229-280, 1945.

Fish, C. J., and Cobb, M. C.: Noxious marine animals of the central and western Pacific Ocean, Res. Rept. U.S. Dept. Interior, Fish and Wildlife Service, No. 36, 45 pp., 1954.

Halstead, B. W., in press: Monograph of Poisonous and Venomous Marine Animals of the World, Ch. 5.

Hermitte, L. C. D.: Venomous marine mollusks of the genus Conus, Trans. Roy. Soc. Trop. Med. & Hyg. 39, 485-512, 1946.

Hiyama, T.: Report of an investigation of poisonous fishes of south seas. Nissan Fisheries Exp. Sta., Odawara Branch, Spec. Pub., 137 pp. (In Japanese), 1943. English translation by W. G. Van Campen, in Poisonous Fishes of the South Seas. Spec. Sci. Rept. Fisheries, U. S. Dept. Interior, Fish and Wildlife Service, No. 25, 188 pp., 1950.

Hubert, B.: Giftige mollusken, Chronica Nat. (Indonesian Journal for Natural Science), 104, 175-177, 1948.

Kline, G. F.: Notes on the stinging operation by Conus, Nautilus 69, 76-78, 1956.

Kohn, A. J.: Piscivorous gastropods of the genus Conus, Proc. Nat. Acad. Sci. U.S., 42, 168-171, 1956.

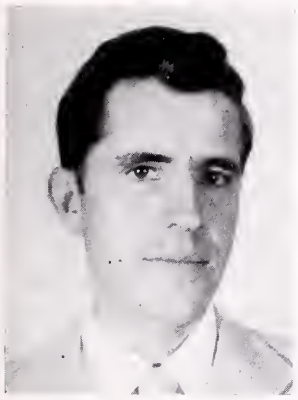
Petrauskas, L. E.: A case of cone shell poisoning by "bite" in Manus Island, Papua and New Guinea Med. Jour., 1, 67-68, 1955.

These beautiful beasts carry a quiver of hypodermic needles with which to inject a potentially deadly poison into their prey, or into unwary shell collectors

The Venom Apparatus of the Cone Shell

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ONE OF THE more interesting and relatively unstudied mechanisms found in the animal kingdom is the venom apparatus of the marine snail—Conus. Several years ago I investigated this apparatus in a number of different cones, including Conus textile and Conus geographus, whose potentially lethal sting is described by Alan Kohn in this issue.



MR. HINEGARDNER

Much of the previous work on the venom apparatus was done as a part of general studies on the snail's gross anatomy. Of particular interest along this line is the work of Bergh (1896) and Alpers (1931). A more recent paper covering primarily the venom apparatus of C. geographus and C. millepunctatus is by Hermitte (1946). Two descriptions of the stinging behavior of Conus appeared recently: Kline (1956), and Kohn (1956). The latter contains several photographs of C. striatus stinging and capturing a fish.

The measurements of the specimens used for this discussion were: C. textile, 61 mm. long, 29 mm. wide; C. geographus, 99 mm. long, 48 mm. wide; C. californicus, 22 mm. long, 14 mm. wide; and C. regularis, 48 mm. long, 23 mm. wide. The first two were collected on Guam and preserved in alcohol for several years. Conus regularis was collected in the Gulf of California and C. californicus near Los Angeles. Both were fixed soon after collection and are included here to illustrate parts of the anatomy that are best shown with fresh material.

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Anatomy of the Venom Apparatus

The anatomy of C. textile and C. geographus is very similar at the level being discussed here, therefore, they will be considered together and only the points of difference mentioned. This discussion can also be applied to most other cones.

The Proboscis. The portion of the apparatus actually concerned with delivering the sting is the proboscis— the anterior extensible portion of the gut (Figs. 1 and 3). This organ is normally held contracted inside the rostrum. But when food is in the vicinity of the cone, the proboscis can be greatly extended, as shown in Fig. 1. Kohn (1956) observed that a radula tooth is carried partially concealed in the tip of the proboscis.

The rest of the venom apparatus lies within the body cavity of the snail and is made up of the following parts:

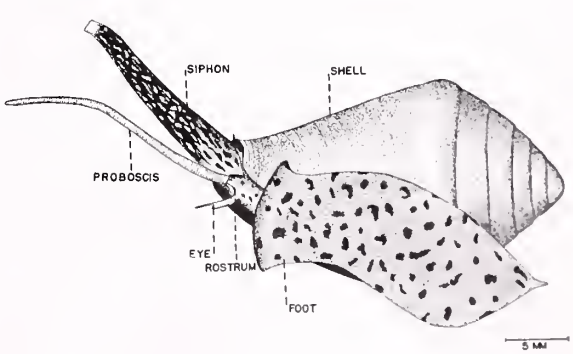


FIG. 1.—Conus californicus crawling on the side of an aquarium.

The Venom Bulb. This is the most posterior portion of the apparatus and lies against the posterior body wall (Fig. 2). Almost all previous workers (excepting Hermitte, 1946) assumed this was a poison gland. Histological examination does not bear out this assumption (Fig. 4). Instead, it is a muscular bulb made up of a thick outer layer of smooth muscle, a thin layer of connective tissue, and another layer of smooth muscle. The fibers of the two muscle layers each form one complete spiral when followed from one end of the bulb to the other, the outer being a right and the inner a left spiral. (In some other cones there is no

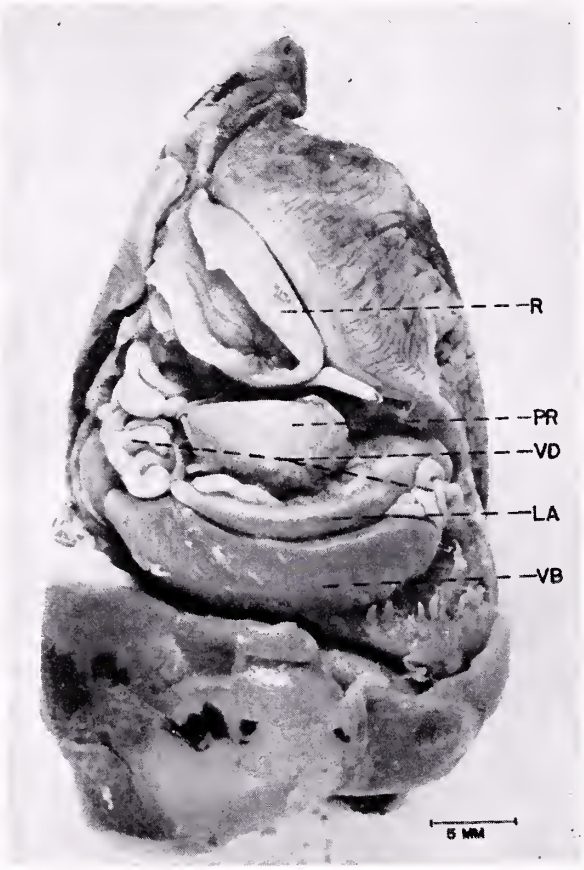


FIG. 2.—Conus textile with the shell and dorsal body wall removed. Abbreviations: LA—long arm of the radula sheath, PR—proboscis, R—rostrum, VB—venom bulb, VD—venom duct.

spiralling.) There is next a very thin layer of circular muscle fibers (not visible in Fig. 4) which forms the base for a layer of low cuboidal cells. In some freshly prepared material these cells appear to secrete small amounts of a mucus-like substance.

The Venom Duct. Extending from the bulb to the gut is a long, highly convoluted tube, which in the specimen shown in Fig. 2 measured approximately 130 mm. long. This duct secretes a

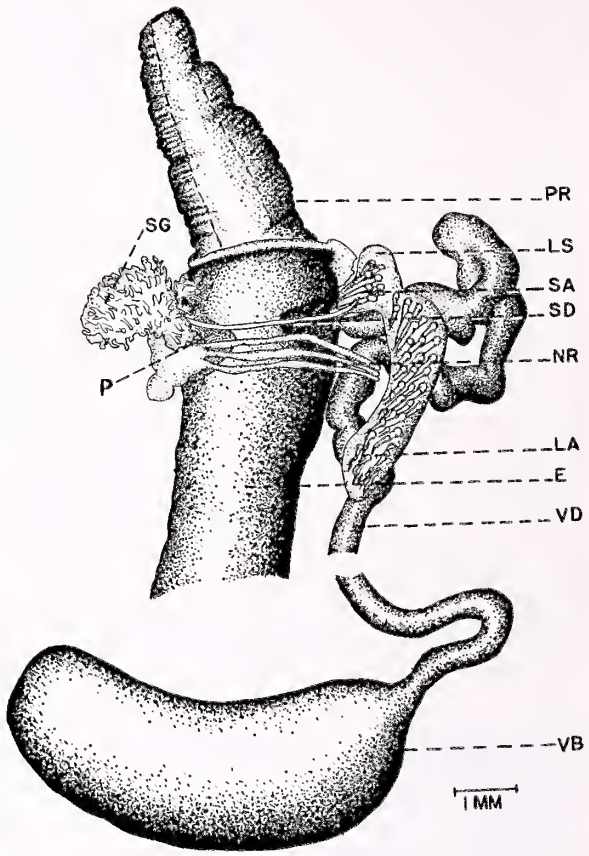


FIG. 3.—Venom apparatus removed from Conus californicus. Abbreviations: E—esophagus, LS—ligament sac, NR—nerve ring, P—pharynx, SA—short arm, SD—salivary duct, others as in Fig. 2.

milky appearing, granular substance which is the venom.

In cross section, the appearance of the duct is very similar in most cones. Because good histologic sections could only be prepared from freshly fixed specimens, C. californicus will be described here.

The bulk of the duct is composed of long columnar cells which secrete the granular appearing venom (Fig. 5). Usually the lumen is filled with this secretion. In C. textile these cells are narrower



FIG. 4.—Cross section of the venom bulb of Conus regularis, showing muscle and connective tissue layers.

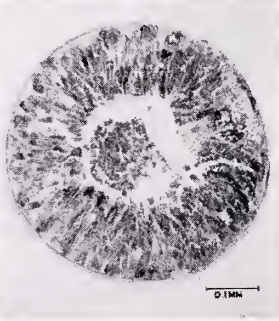


FIG. 5.—Cross section of the venom duct of Conus californicus.

than those shown in Fig. 5 and the venom granules smaller. The outer wall of the duct is made up of two layers, which appear as one in Fig. 5. Both layers are composed primarily of connective tissue. The outer one also contains a few longitudinal muscle fibers, but the inner contains only connective tissue. Some workers claim there are also circular muscle fibers in the duct (Hermitte 1946). I have never found these in any of the cones examined.

The Radula Sheath. Attaching to the gut just anterior to the duct attachment, is the radula sheath (Fig. 2 and 3). It normally lies across the gut as shown in Fig. 2, but has been displaced in Fig. 3 for purposes of illustration. This organ produces the radula teeth, and is histologically more complex than the parts previously described. Because description of its histology would require too much space, and is not significant to this discussion, it will not be included.

Externally, the sheath is divided into three portions: the long arm, which lies over the gut and contains approximately 20 teeth in various stages of development; the short arm, which attaches to the gut and contains approximately 10 mature teeth; and the ligament sac, where most of the teeth ligaments are loosely fastened.

The Radula Teeth. Radula teeth are normally almost transparent. In order to make them opaque for photographing their external features, as in Fig. 6, they are soaked overnight in a strong solution of silver nitrate, quickly rinsed in distilled water, and put in photographic developer for a few minutes. The teeth then become a shiny black.

The radula teeth are needle-like in appearance and are the only part of the venom apparatus which varies greatly from one species of cone to another, each species having its own particular variation. Bergh (1896) and Peile (1939) both illustrate a large variety of teeth. Those of C. textile and C. geographus are among the simplest. Both have a tip shaped something like an arrow with one blade longer than the other. Figure 6a is taken at a right angle to the blades of the arrow.

Though the various bumps, barbs, and lengths may vary, all conus teeth are constructed on the same general plan. Basically, they consist of a sheet of chitin rolled into a tube much as one rolls up a sheet of paper. There is an opening along the side of the point (Fig. 6a), and one at the side of the base (Fig. 6b), making the tooth an excellent hypodermic needle. Attached to the base is a transparent flexible structure called the tooth ligament. It appears to serve as a means of attachment for the tooth while it is in the radula sheath, and is usually about as long as the tooth. The tooth of C. textile is 6 mm. long, that of C. geographus 8 mm.

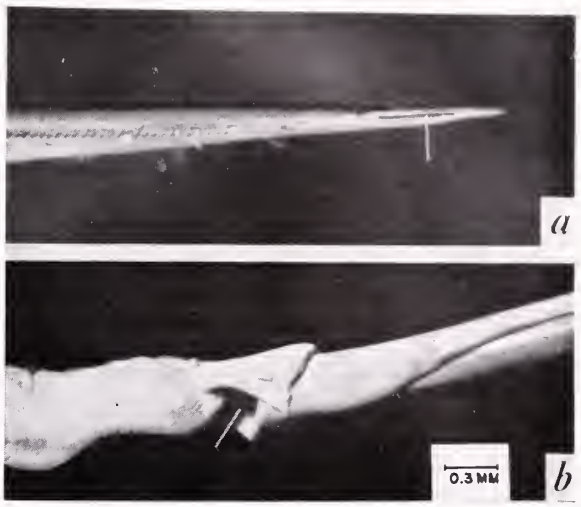


FIG. 6.—*a.* Tip of a Conus geographus radula tooth impregnated with silver. Pointer is at the opening. *b.* Base of the same tooth. Pointer is at the opening. Tooth ligament extends to the left of the opening.

The Salivary Gland. Lying to the right of the pharynx is a highly branched organ commonly called the salivary gland (Fig. 3). This gland is attached to the short arm of the radula sheath by two small ducts. One duct passes over the pharynx to the left side of the short arm, the other under the pharynx to the right side. What part, if any, this organ plays in the operation of the venom apparatus is not known.

The Pharynx. Just posterior to the proboscis, the gut of most cones is surrounded and constricted by a thick circular muscle ring forming an area called the pharynx (Fig. 3). The radula sheath enters the gut anterior to the muscle ring, and the duct enters posterior to it. Conus striatus, a large cone found in Hawaii, is the only species investigated that varies from this plan. It completely lacks the muscle ring and the pharynx (if it can still be called that) is instead longer and somewhat convoluted.

Other Parts. A nerve ring surrounds the pharynx and the venom duct always passes under it before entering the gut (Fig. 3). The esophagus is posterior to the pharynx and does not seem to play an active role in the functioning of the venom apparatus.

Operation of the Venom Apparatus

Prior to the actual sting, the radula tooth is forcefully inserted, by the proboscis, into the cone's victim. Then, the venom is injected through the hollow tooth, which is held at its base by the end of the proboscis. How the venom is forced through the tooth is not at all clear.

Hermitte (1946) suggests that the bulb operates much like a rubber syringe. When the cone is

not feeding, the bulb serves as a reservoir for venom from the duct. Then, when the cone injects venom into its victim, the bulb and duct contract, forcing venom down the duct and out through the radula tooth. Basically, this is probably what happens.

However, in almost all cases in which venom bulbs were opened, they contained no venom or only a small amount at the entrance into the bulb. Rather than serving as a venom reservoir, the bulb more likely fills with some other liquid, possibly secreted by the cells lining its lumen, and on contraction acts as a pressure source to force the venom from the duct. This may be aided by a shortening of the duct through constriction of its longitudinal muscle fibers. There is also the possibility that the pressure required to actually inject the venom into the victim is applied by the proboscis and pharynx.

Summary

The venom apparatus consists of these parts: A muscular bulb, which is attached to a long, convoluted venom duct, in which the venom is secreted; a radula sheath where the radula teeth are produced and stored; a muscular pharynx; and an extensible proboscis. A salivary gland attaches to the radula sheath.

Summario in Interlingua

Le apparatura venenifere del conchas cono consiste de iste partes: Un bulbo muscular, attachate a un longe e convolute ducto in que le veneno es secernite; un vaina radular ubi le dentes del radula es producite; un pharynge muscular; e un proboscide que pote extender se. Un glandula salivari es attachate al vaina radular.

Acknowledgment

I am particularly grateful for the invaluable help given me by Dr. Norman T. Mattox during this research. I would like to thank Dr. Bruce Halstead for providing the specimens of C. textile and C. geographus.

REFERENCES

Alpers, F.: Zur Kenntnis der Anatomie von Conus lividus Brug., besonders des Darmkanals, Jena. Z. Naturw., 65: 587-658, 1931.
Bergh, R.: Beitrage zur Kenntnis der Coniden, Nova Acta., 65: 67-214, 1896.
Hermitte, L. C. D.: Venomous marine molluscs of the genus Conus, Trans. Roy. Soc. Trop. Med. & Hyg. 39: 485-512, 1946.
Kline, G. F.: Notes on the stinging of Conus, Nautilus, 69: 76-78, 1956.
Kohn, A.: Piscivorous gastropods of the genus Conus, Proc. Nat. Acad. Sci. U.S., 42: 168-171, 1956.
Peile, A. J.: Radula of Conus, Proc. Mal. Soc. London, 23: 348-355, 1939.

Type I poliovirus has caused all Hawaii's polio so far this year, and some of its victims had received Salk vaccine

First Poliovirus Isolations Done in Hawaii

Preliminary Report

CLARA K. S. YUEN, M.S., W. HAROLD CIVIN, M.D., AND PAUL Y. TAMURA, M.D., Honolulu

IN MARCH, 1958, the year-old Tissue Culture Laboratory at The Queen's Hospital first confirmed a clinical diagnosis of poliomyelitis by isolation of the virus. The preliminary results of this and 12 subsequent poliovirus isolations and antigenic identifications are reported.

Technique

Living cells are required for the propagation of viruses. In vitro, HeLa* cells, one of the stable cell strains available in continuous cell cultures, are used for the isolation and identification of virus from stool specimens. Our stock culture of HeLa cells, adapted to calf serum, was generously supplied by Dr. David Imagawa, Pediatrics Department in the Medical School of the UCLA, and grown in his modification of culture medium.[2]



CLARA YUEN

HeLa cell culture tubes, seeded with 60,000 cells per tube and incubated in a stationary position at a 5° angle at 37° C., are used after a confluent sheet of epithelial cells have grown on the glass.

A stool specimen for the isolation of poliovirus, and a specimen of 15 cc of sterile clotted blood, collected from the patient as soon as possible after onset of symptoms, are requested. Three to four weeks later, a convalescent blood specimen is taken for comparative assay of the neutralizing antibody titers in both sera to Types I, II and III poliovirus.

Ten to twenty percent stool suspensions are prepared in Hanks' balanced salt solution. For these contaminated specimens, differential centrifugation, followed by the addition of a mixture of penicillin and streptomycin, is used to make them suitable for virus isolations.

By combining the direct isolation of the unknown virus from the stool suspension with the immunologic typing, the poliovirus is identified within one to six days after inoculation of cell cultures. The presence of poliovirus is revealed by the destruction of HeLa cells. Tubes are examined daily for any cytopathogenic agent, microscopically. The immunologic identification of the isolated poliovirus as Type I, II or III depends on the presence of unaltered cells in the tubes showing the neutralizing effect of the virus by the corresponding homotypic antiserum. The antisera to Types I, II and III poliovirus were supplied by Dr. Herbert A. Wenner from the University of Kansas Medical Center.

Additional details of the procedures used in these studies have been reported elsewhere.[3]

Results

In this study, thirteen clinical cases are included. The results are shown in Table 1.

Type I poliovirus was isolated from the stool in all 13 cases. Twelve of these cases were diagnosed clinically as paralytic poliomyelitis, and one as "aseptic meningitis."

Of the 13 cases, eight had not been vaccinated; one had received one Salk vaccine injection; one had received two; and three had received three.

Received for publication June 10, 1958.
From the Tissue Culture Laboratory of The Queen's Hospital.

* Helen Lane, the patient from whose cervical carcinoma these epithelial cells were cultured by Dr. George Gey[1] in 1951.

[1] Gey, G. O., Coffman, W. D., and Kubicek, M. T.: Tissue culture studies of the proliferative capacity of cervical carcinoma and normal epithelium, Cancer Research, 12:264 (April) 1952.

[2] Imagawa, D.: Personal communication.

[3] Syverton, J. T., Scherer, W. F., and Elwood, P. M.: Studies on the propagation in vitro of poliomyelitis viruses V. The application of strain HeLa human epithelial cells for isolation and typing, J. Lab. & Clin. Med., 43:286-302, (Feb.) 1954.
Melnick, L.: Tissue culture techniques and their application to original isolation, growth, and assay of poliomyelitis and orphan viruses, Ann. N. Y. Acad. Sci., 61:754-772, (Sept.) 1955.

TABLE 1.—*Isolation of Type I Poliovirus from Patients.**

CASES	AGE	DATE OF ONSET 1958	RACE	SEX	SALK VACCINE	CLINICAL SYMPTOMS
R.S.	9 mos.	March 3	Filipino	M	none	paralysis lt upper arm and lower leg
R.J.	22 yrs.	April 17	Caucasian	F	none	bulbar polio
M.J.	2½ yrs.	April 19	Caucasian	M	none	paralysis lt upper arm and both hips
P.H.	14 mos.	May 9	Caucasian	F	none	paralysis both lower legs
D.R.	17 mos.	May 10	Caucasian	F	none	paralysis rt leg
W.T.	11 mos.	May 9	Caucasian	M	none	paralysis lt arm and rt leg
P.F.	16 mos.	May 24	Caucasian	F	none	paralysis lt lower leg
T.H.	3½ yrs.	May 22	Caucasian	M	10-55, 12-55, 7-56	mild paralysis lt leg
T.O.	2 yrs.	May 15	Caucasian	M	8-56, 10-56, 6-57	mild involvement lt hip
J.D.	3 yrs.	May 27	Caucasian	F	2, last 2-56	paralysis lower parts both legs
R.M.	11 mos.	June 4	Caucasian	F	none	paralysis lt leg and neck
D.B.	5 yrs.	June 6	Caucasian	F	5-58	paralysis lt lower leg and shoulder
A.G.	2½ yrs.	April 18	Fil.-Puerto Rican	M	8-56, 9-56, 10-57	rt facial paresis

* The clinical data on these cases were kindly supplied by Dr. James R. Enright, Bureau of Epidemiology, Board of Health, Honolulu, Hawaii.

Of the three patients receiving all three Salk vaccine injections, two cases had been reported to Dr. Enright as clinically mild cases of paralytic poliomyelitis and one case had been diagnosed clinically as "aseptic meningitis" with right facial paresis.

Summary

Cell cultures have been used in The Queen's Hospital Tissue Culture Laboratory to establish poliovirus Type I as the etiologic agent in 12 cases of paralytic poliomyelitis, and in one case diagnosed clinically as "aseptic meningitis."

Summario in Interlingua

Virus de poliomyelitis es currentemente cultivate a identificate in culturas de cellulas HeLa al Laboratorio pro Histocultura del Queen's Hospital a Honolulu. Usque al presente data, 13 isolationes ha essite effectuate, omnes de virus poliomyelitic de Typo I.

Acknowledgments

We are very grateful to Dr. James R. Enright, Bureau of Epidemiology, Board of Health, Honolulu, Hawaii, for his help in these studies and for supplying the clinical data on these cases; and to Jim Prince, University of Minnesota, Department of Bacteriology, Minneapolis, Minnesota for his advice and the confirmation of our initial poliovirus isolation.

Aid by grants from the USARPAC Poliomyelitis Fund, National Foundation for Infantile Paralysis, Inc., Hawaii Cancer Society and Hawaii Heart Association is also gratefully acknowledged.

The President's Page



WILLIAM N. BERGIN, M.D.

At the onset, I want to congratulate our retiring President, Dr. Samuel L. Yee, and his various committees, who were responsible for such a successful year. The efficient manner in which the committees' business was resolved and presented to the House of Delegates was especially remarkable and represents an entirely new breakthrough in the handling of the Association's business. It is with not a little trepidation that I step into his shoes and assume possession of his flexible cane.

The scene at the present time is far from serene. Our protracted sugar strike has affected all of us. At this writing, settlement is in sight but it will be some time before its effects are resolved.

Henry Kaiser has gone into labor and we will not know what his plan is like until the cord is tied and the perineum is repaired. The economic aspect of medicine is undergoing rapid and tremendous changes, and Kaiser's pink bubble is only one of many things that will soon enter the picture.

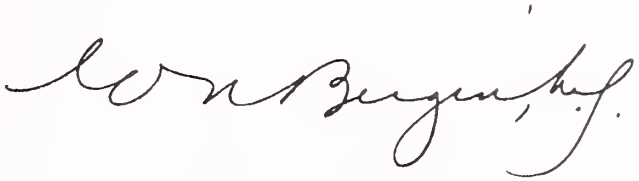
In the words of our retiring President—漫漫都未遲

which freely translated into Portuguese is "paciencia"—it will all come out in the wash.

Recently, I was fortunate enough to be able to attend a meeting of the Medicare Committee; to realize all the hard work that this and other committees have put forth gives one confidence that medicine here in the Islands is in good and capable hands.

The attendance at the past Territorial meeting was a disappointment to all the committeemen who had worked so hard toward its success. Looking forward to having the annual meeting on the Island of Hawaii next year, we realize that we must not only put on an excellent scientific and social program but must work right from the start to see that the meeting does not fall flat for lack of attendance.

I hope to be able to make official visits to all the Islands, but hope particularly to attend the Honolulu County meetings as often as possible. This tail-wagging-the-dog effect cannot be accomplished without cooperation from the dog.



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[EDITORIALS]

Kaiser Plan in Honolulu

Henry J. Kaiser established his Kaiser Foundation Health Plan in Honolulu on May 21, 1958. Its $4,000,000, 150 bed hospital, which is to be finished by the end of the year, is to be—at the beginning, at least—an open staff institution. The plan itself is a closed panel, of course. As we go to press, it consists of five doctors: Richard S. Dodge, Richard C. Durant, Walter B. Herter, Homer M. Izumi, and Samuel L. Yee.

The press release announcing the establishment of the plan described the arrangements in part as follows:

> 1. Local doctors, practicing teamwork medical care as a group, will direct and provide all the professional medical service for Health Plan members. A group of Mainland physicians will *not* be brought to Hawaii . . . but to the contrary, the local group of physicians will manage professional services on a fully independent, autonomous basis.

The independence and autonomy apparently are intended to describe the relationship of the Honolulu group to the Kaiser Foundation, rather than the relationship of the member doctors to one another. Additional doctors are invited to participate in the plan on either a part time or full time basis. There is room for 50 in all.

The founding partners "emphasized" ("claimed" might have been more apt) that the Honolulu program "incorporates 'free choice' principles and practices." The basis for this assertion appears to be the fact that

> The prospective subscriber . . . first has the right to choose between the Kaiser Plan and at least one other health service or insurance plan which would allow him to receive care *by other physicians* [italics added].

This freedom to reject the plan (which of course is not limited to "prospective" subscribers) applies to individual members of groups signing up for the plan. The implication that such recalcitrants must subscribe to some other plan may have been unintentional: public relations-ese is not the most effective medium for the communication of ideas.

"Freedom of choice" is further explained in the next paragraph:

> Members of the Kaiser Health Plan select their own personal or family physicians *from among the doctors servicing the plan* [italics added].

This is followed by two new interpretations of the phrase:

> The Honolulu program likewise offers a free choice to local physicians, including the opportunity for all qualified physicians to use the hospital . . . and the choice by local physicians serving Health Plan members as to how much time they wish to devote to caring for Health Plan members.

Closed panel medicine with severely restricted choice of physician is no novelty in Hawaii: our plantation medical care system has relied on it for decades, and still does. It is not even wholly novel in Honolulu, having been applied to group medical care for at least two local firms during the thirties, and to one of them still.

On this scale, however, and with the addition of prepaid hospitalization, it is a new experiment for urban Honolulu. As such, it will be watched with great interest—and, we trust, detachment—during the months to come. Only time will tell whether its integration with orthodox medical practice can be accomplished successfully—or, indeed, at all.

The "102d" Annual Meeting

The sixty-eighth annual meeting of the Hawaii Medical Association—held in Honolulu in the hundred-and-second year of our corporate existence—was attended and supported by 275 registrants. Mainland visitors numbered 71; there were five participants in the program who did not register, and 11 interns and residents (all from The Queen's Hospital) who came as invited guests. Only 193 H.M.A. members—less than forty per cent of the membership—registered for the meeting. And less than one-fourth of these attended most of the scientific sessions.

The meeting of the House of Delegates was marked by the first trial of the new reference committee system. Patterned after that of the House of Delegates of the American Medical Association, it consisted essentially of the appointment of four "reference committees" to which all of the reports and resolutions were referred for discussion and specific recommendations for action. The House of Delegates then discussed and acted upon the reports of these four committees.

The system worked, on the whole, very well. Adequate discussion of controversial items was possible without undue waste of the time of the whole group. One committee was overloaded, and recommended that next year a fifth reference committee be appointed in order to prevent this.

There were thirty technical exhibits and three scientific exhibits, and they seemed to attract ample attention from the doctors. A workshop on tuberculin testing, held in the nurses' classroom next door, drew a standing-room-only attendance, largely of nurses and technicians. The golf tournament, as always, was the most popular activity of all, and Toru "Blue" Nishigaya, our new President-Elect, won the top prize of the day, the President's Trophy. The picnic, at the home of Dr. and Mrs. A. S. Hartwell, was distinguished by the presence of the wives, by the best picnic food since the last non-stag picnic, by Johnston and Buscher's gift of a keg of Michelob, and by the first color picnic-picture-album we've had, courtesy of Dr. Gilbert Halpern.

All in all, the chairmen—Drs. Satoru Nishijima, Devereux, Hartwell, Holmes, Izumi, and Nishigaya—are to be congratulated on a successful session.

American Society of Medical Technologists

The Hawaii Chapter of the American Society of Medical Technologists has made the HAWAII MEDICAL JOURNAL its official publication, and will have space in each issue beginning with this one.

The ASMT was founded twenty-five years ago, and the national organization has its own official journal, the *American Journal of Medical Technology*. Members of the organization are entitled to place after their name the letters "MT (ASCP)," which signifies sponsorship and approval of the American Society of Clinical Pathologists.

It is the latter organization which in 1928 established the Registry of Medical Technologists in order to standardize training and assure competence of personnel in this vitally important paramedical field. Recognition is given only to graduates of schools approved by the Council on Medical Education and Hospitals of the AMA. These schools require at least two and often three years of college work after graduation from high school, plus at least one year of practical training in the approved school.

The AMT (American Medical Technologists) and ACMT (American College of Medical Technologists) accept graduates from "accredited" (often one-year) schools, examine them, and authorize them to use the initials "M.T." These organizations have no official medical sponsorship or control, and the training of their members is not comparable to that received by those of the ASMT.

It behooves all physicians and hospitals, therefore, to insist upon medical technologists' holding "MT (ASCP)" degrees—not merely "M.T."—in order to ensure competence in this exacting work. And it behooves young persons interested in medical technology as a career to be sure their training will qualify them for the proud designation "MT (ASCP)," and membership in the ASMT, which we herewith welcome into the JOURNAL.

Bureau of Medical Economics

Rx for Presenting and Discussing Fees*

Fees, bills, charges, payments, contracts—all having to do with money—seem to be topics of conversation that are shunned by most of us and especially avoided in a doctor's office. But to continue the attitudes and feelings of your GOOD WILL AMBASSADOR† in this matter, the following discussion will point out some of their solutions. In fact, this subject can be summed up in this first paragraph if we will accept one fundamental principle. "The easiest way is the best way."

The medical assistant usually finds it difficult to discuss charges and fees with the patient, unless she has an instrument or a device to work with. To quote many medical assistants: "If there were only some way that I could open the conversation about money, or have in my hand some indication of today's charges and services, charges in the hospital, or charges at the residence, it would certainly help." To quote an assistant that had an answer: "All I do is to make the statement that the charges for today are $6.50. This automatically opens the conversation and I do not have to embarrass the patient by asking her to pay or telling her to pay. I just carry on a friendly conversation about the fees and services, and explain them to the patient." Immediately the question arises, "How do you know the charges and the services?" The answer always is, "I use the ticket that is sent back with the chart or brought back with the patient."

We have found through extensive research that a properly installed and functioning ticket system will do many things toward improving office public relations, increasing collections, improving record keeping systems, aiding in methodical monthly itemized billing and save approximately 20 per cent of the front office medical assistant's time. A good ticket system will make a good diplomat of your GOOD WILL AMBASSADOR. We all agree that in order to discuss finances, someone must be in the front office when the patient is dismissed by the doctor to make the next appointment and to relate to the patient the charges for today's services. A ticket system helps this procedure to function properly.

Insurance of one type or another usually enters into FEE discussions and payment of doctors' bills. Many medical assistants have agreed and have generally accepted an approach to this situation which seems quite effective. They all have agreed that the best conveyance of a message is verbal. If this is not always possible, reprints of the following, placed in the hands of the patient, have proved quite beneficial. This message should be conveyed to all patients claiming to have some form of prepaid health insurance:

INSURANCE FOR MEDICAL CARE

Patients who corry ony form of medical-surgicol or hospitol insurance should knaw thot all services furnished are chorged directly to the potient and thot he or she is responsible for poyment.

We will prepare any necessary reports and itemizotions to assist in making collections fram insurance companies ond will credit any such collections ta potients' accounts. However, we cannot render services on the assumption thot our services will be poid by an insurance company.

Be sure yau understand what your insurance provides.

Will you continue this subject with us in future issues of THE JOURNAL?

Bureau's Business on the Increase

March, April, and May of this year showed record months for collections, and each month topped the previous one.

We now have close to 70 per cent of the Medical Society, over 25 per cent of the Honolulu dentists, and 50 per cent of the local hospitals using the services of the Bureau.

Because we are a nonprofit service bureau, operated by and for the Society members, it is logical to expect every member to use our collection service when the services of a professional agency are necessary. To refer them to a commercial collector deprives the Bureau of a record of these bad accounts which should be in the Bureau's files for the protection of other doctors inquiring about these same debtors.

The true measure of efficiency of our service for any individual doctor is the degree of intelligent effort made to recover every dollar that can and should be collected. That Bureau members in general approve our collection service is attested by the fact that the volume of our assignments is increasing each month.

RICHARD M. KENNEDY
Executive Secretary

* Third of a series prepared by Robert H. Byram, Medical Administrative Consultant for B.M.E. of the Santa Clara County Medical Society.

† GOOD WILL AMBASSADOR is any doctor's office employee.

Brings **M**ore **E**fficiency

This is What's New!

The **EKG** was the best **screening test for cardiovascular disease** in 1,000 apparently well people in Baltimore. The chest x-ray, blood pressure and a questionnaire followed the EKG in cases detected. The questionnaire gave the poorest results of any screening technique. Concludes the Johns Hopkins investigator, the EKG, BP and chest x-ray are the best battery of screening tests for cardiovascular disease. This combination yields highest when confined to people who are obese or 45 years and older. (*Ann. Int. Med.* May, 1958.)

* * *

Once upon a time, a clinical investigator could administer a new drug and record the responses that he observed in the patient. That time is passing. Iproniazid, one of the antidepression drugs, was given to schizophrenics. Conclusion: By the use of the radioisotope, C-14, paper chromatography, lyophilization, autoradiograms made from chromatograms, and enzyme chemistry techniques, it was shown that **"Iproniazid** treatment in man **inhibits the action of monamine oxidase,** but definitely does **not** influence those enzymes which are responsible for the **O-methylation of epinephrine."** (*Science,* May 9, 1958.)

* * *

From *Plantation Health,* published under the sponsorship of the Hawaiian Sugar Planters' Association, from a summary of an article by Dr. Tabrah of Kohala: "Sugar. Now a word of caution. Children should not be allowed sweets, cookies, candies, ice cream, and other sweetened foods from their snack bar . . . occasional sweets may be permitted, but always with the reservation that most dental authorities are convinced that **sugar is one of the major causes of tooth decay"** . . . where else but in Hawaii would freedom of the press be carried so far?

* * *

"A **single lateral x-ray** of the uterus after **thirty-four weeks'** gestation is enough to **exclude placenta previa."** The normal placenta can readily be recognized in the upper uterine segment by this technique. (*Lancet,* Apr. 19, 1958.)

Patients who develop **acute renal failure** associated with transfusions, toxemia of pregnancy, abortions, shock, poisons, etc., should be considered for treatment with the **artificial kidney.** In probably half of such cases, their survival will depend upon the artificial kidney. A strong plea is made by Salisbury to not delay too long the use of the artificial kidney. All too often the patient is in the terminal stage of renal failure due to a potentially reversible disease. In general, a patient who has clinical signs of uremia on the fifth day of anuria oliguria should be hooked up to the artificial kidney. (*Arch. Int. Med.,* Apr. 1958.) [Such a kidney has been successfully used on several occasions in Honolulu during the past few months.]

* * *

A new disease, named **pulmonary alveolar proteinosis,** resembles pneumonia but differs from it under the microscope. First described at the Massachusetts General Hospital in 1953, it has now been reported from all parts of the United States, Canada, England and Italy. Symptoms are dyspnea, cough, fatigue and weight loss. Fever is usually absent or minimal. Victims, predominantly male between 20 and 50 years of age. Cause unknown. New chemical agent, such as insecticides, detergents, plastics, etc., may be responsible. Treatment unknown. Prognosis: chronic course with persistent symptoms. (*Scope Weekly,* June 4, 1958.)

* * *

X-radiation of the kidney area in both men and rats can cause **hypertension.** If only one kidney is irradiated, the hypertension may be relieved by removal of the x-ray damaged kidney. (*Brit. Med. J.,* May 3, 1958.)

* * *

Sarcoidosis, as yet never originating in Hawaii, is very common in the pine tree countries, such as Scandinavia, certain parts of the United States and other similar areas in the world. An **acid-fast wax** found in **pine tree pollen** can produce **sarcoid-like granulomas** in normal animals. Pine tree pollen, then, may be one of several agents capable of producing sarcoid granuloma. (*Scope Weekly,* May 21, 1958.)

F. I. Gilbert, Jr., M.D.

In Memoriam - - Doctors of Hawaii - - XV

This is the fifteenth installment of In Memoriam—Doctors of Hawaii.

C. T. Akana

Dr. C. T. Akana, a native of China, who practiced in Honolulu for 39 years, died on March 5, 1912.

The doctor was very prominent in Chinese circles. In 1907 he was president of Sun Chung Kwock Bo, Ltd. He also served several terms as president of the Chinese Empire Reform Association.

At the time of his death, Dr. Akana was 78 years old and was survived by his wife and six grown children.

Louis Andrew Sabey

Louis Andrew Sabey was born in Christiania (now Oslo), Norway, on January 25, 1856. It is not known when he came to the United States, but he was orphaned at the age of ten and adopted by a Mr. and Mrs. John S. Lindtner, who made their home in Chicago.



He received his medical degree in 1880 from the University of California School of Medicine.

Dr. Sabey began his medical practice in San Francisco where in 1887 he married Miss Laura May Olsen. A son, John S. Sabey of Honolulu, and a daughter, Gladys (Mrs. James Smith of Puunene, Maui), were born to the doctor and his wife.

In 1893 or 1894 Dr. Sabey served on a U. S. transport going to Panama. He practiced in Mexico in 1894 and 1895. He then moved to San Diego, California, where he was in practice until 1897. Coming to the Islands in 1897 as ship's doctor on a Pacific Mail vessel, he remained to become plantation physician for the Spreckelsville Sugar Company of Maui, a position which he held until 1910, when he went into private practice first at Puunene and later at Paia.

Dr. Sabey was the only physician at the Spreckelsville Hospital in those early days, and he saw cases of plague, leprosy, and malaria. Maui residents remember him driving a horse and "brake" (sulky) as he went on his calls. In 1901, during the plague epidemic in Kahului, he served as president of the Maui Board of Health.

Dr. Sabey died January 24, 1919, at the age of 63, and is buried in the Makawao cemetery.

Duncan A. Carmichael

Born in 1851, Duncan A. Carmichael received his medical education from McGill University, Montreal, graduating in 1873.

Dr. Carmichael joined the United States Public Health Service and was sent to Honolulu in 1898 to serve as head of the Quarantine Station. He was in Honolulu at the time of the bubonic plague in 1900 but left in April of the following year for eastern United States.

On July 28, 1899, he was married to Mrs. Alice M. Hastings in Honolulu. In 1902 Mrs. Carmichael filed suit for divorce on the grounds of desertion.

Dr. Carmichael died at Vineyard Haven, Massachusetts, on February 12, 1929, at the age of 77. At the time of his death he was senior surgeon in the U. S. Public Health Service.

Leland Eggleston Cofer

Leland Eggleston Cofer was born in Richmond, Virginia, in 1869. He was a graduate of the Medical College of Virginia in 1889.

In 1890 Dr. Cofer entered the United States Public Health Service. Coming to Hawaii, he took charge of the Quarantine Station and the Marine Hospital service on December 1, 1900, in Honolulu. Governor Walter Frear appointed Dr. Cofer president of the Board of Health in 1908 to replace Mr. Pinkham. This appointment was made with the Surgeon-General's approval and was in addition to his other duties and without salary other than a nominal allowance for extra expense. In 1909 Dr. Cofer left the Islands.

In the course of his career, he served two terms as assistant surgeon of the United States. He was also a member of the Board of Health of the city of New York, health officer of the port of New York, director of the division of industrial hygiene of the New York State Department of Labor, and a member of the Public Health Committee of the New York Academy of Medicine.

Dr. Cofer died February 17, 1948, at Palm Beach, Florida, at the age of 78.

During his years in Honolulu, he was made an honorary member of the Hawaiian Territorial Medical Society.

Albert McWayne

Albert McWayne was born in Geneva, Illinois, on March 28, 1853. As a young man, he studied pharmacy and came to Honolulu in 1874 where he entered the drug business in the drug store owned by Dr. Trousseau and for many years conducted a pharmacy on the site of the former Allen & Robinson building at Fort and Merchant Streets.



After several years in the field of pharmacy, Dr. McWayne returned to the Mainland to study medicine. In 1883 he graduated from Hahnemann Hospital and College of Medicine in Philadelphia.

In 1876 Dr. McWayne married Miss Lucy H. Robinson in Honolulu. She was a daughter of James Robinson, one of the most prominent

figures in the early history of Hawaii. The McWaynes had one daughter, Mrs. Kulamanu Nash, and three sons, Robinson Allen, Charles A., and C. Scott McWayne.

Returning to the Islands at the completion of his medical work, Dr. McWayne practiced in Honolulu for ten years. In 1893 he acquired large tracts of land in the Kona district of Hawaii which included a coffee plantation at Kailua. The following years he engaged in raising coffee as well as serving as government physician for the Kona district. The doctor also served as a district judge. He died November 18, 1899, at Waikiki, Oahu, at the age of 46.

He was a member of the Hawaiian Lodge No. 21, F. & A. M.

Seu Shee Leong

Seu Shee Leong, also known as Dr. Leong Akina, was born in Canton, China, in 1873.

She was licensed in 1890, one of the first women in the Territory to be granted a license to practice medicine. Dr. Leong was in active practice in Honolulu until 1923 when she retired.

Dr. Leong died January 25, 1933, in Honolulu, at the age of 60.

Preston Stanley Kellog

Preston Stanley Kellog, born in 1858, received his medical degree from the Detroit College of Medicine and Surgery in 1895.

In 1896 to 1897 Dr. Kellog was in charge of the Honolulu Sanitarium, a branch of the Battle Creek Sanitarium, located on King Street. In 1923 he was in practice at Glendale, California.

The doctor was a veteran of the Spanish-American War and World War I. Under a special act of Congress, Dr. Kellog was made a first lieutenant in the Medical Corps of the U. S. Army in 1927 when he retired.

Dr. Kellog died in Los Angeles on April 3, 1930, at the age of 71.

Charles Louis Garvin

Charles Louis Garvin was born in Ohio in 1869. He was the son of the Rev. Thomas D. Garvin, at one time a minister in Honolulu.

His early education was obtained in the schools of Columbus, Ohio. Later he followed a classical course at Butler University in Indianapolis, Indiana. Going to California, he took his medical studies at Cooper Medical College in San Francisco from which he graduated in 1895. After graduation Dr. Garvin became senior house physician at Lane Hospital in San Francisco and lecturer in the training school.

On the completion of his hospital service, Dr. Garvin accepted the position of assistant surgeon in the U. S. Veterans' Home in Yountsville, California. Later he engaged in private practice in Napa Valley.

Coming to Honolulu in June, 1897, in search of a better climate, Dr. Garvin was appointed Attending Physician at the Honolulu Sanitarium, a branch of the Battle Creek Sanatarium, located on King Street. He was also Examining Physician for the Y.M.C.A. gymnasium. From 1900 to 1903 he was engaged in private practice in Honolulu.

After 1903 and until 1923 nothing can be learned about Dr. Garvin beyond the fact he saw service in World War I. In 1923 he was located in Los Angeles, and during this period he was also on the faculty of the University of Southern California School of Medicine. By 1931 he had moved to Livingston where he established a practice, later limiting himself to industrial surgery.

Dr. Garvin died at the Palo Alto Hospital on April 28, 1948, at the age of 79.

John William Amesse

John William Amesse was born in Eagle River, Michigan, on January 15, 1874.

He was a graduate of the University of Michigan Department of Medicine and Surgery in 1898.

Dr. Amesse served in the Spanish-American War in the Marine Hospital Service. From 1900 to 1901 he was in charge of the Marine Hospital in Honolulu. Later with the U. S. Public Health Service he saw service in the Philippines. Dr. Amesse was the first health officer of Havana, Cuba, under the American occupation. In 1905 he was one of the physicians in charge of combating the yellow fever epidemic in New Orleans.

The doctor received a citation for his services in France and England during World War I. During World War II he served as chairman of the procurement and assignment committee for physicians, dentists, and veterinarians in Denver.

By 1923 Dr. Amesse had established a private practice in Denver, Colorado, specializing in pediatrics. He served on the staffs of Children's, St. Joseph's, and the Colorado and Denver General hospitals. For two years he was a member of the Colorado Board of Health. Dr. Amesse was also Assistant Professor of Pediatrics at the University of Colorado School of Medicine. In 1945 he was made Professor Emeritus of Clinical Pediatrics.

Dr. Amesse died August 21, 1949, in Denver at the age of 75.

He was Past President of the Denver Public Health Council, Past President of the Denver City and County Medical Society, Past President of the Colorado State Medical Society, a member of the House of Delegates of the American Medical Association from 1930 through 1938, Vice-President of the American Medical Association from 1943 to 1944, charter member of the American Academy of Pediatrics, member of the American Public Health Association, and the American College of Physicians.

George Washington Jobe

George Washington Jobe, born in 1872, received his medical degree from the Marion Sims College of Medicine, St. Louis, in 1897. From 1900 to 1901 Dr. Jobe was stationed at the Marine Hospital in Honolulu.

By 1923 Dr. Jobe was located at Wagoner, Oklahoma, where he practiced until his death on September 3, 1926, at the age of 53.

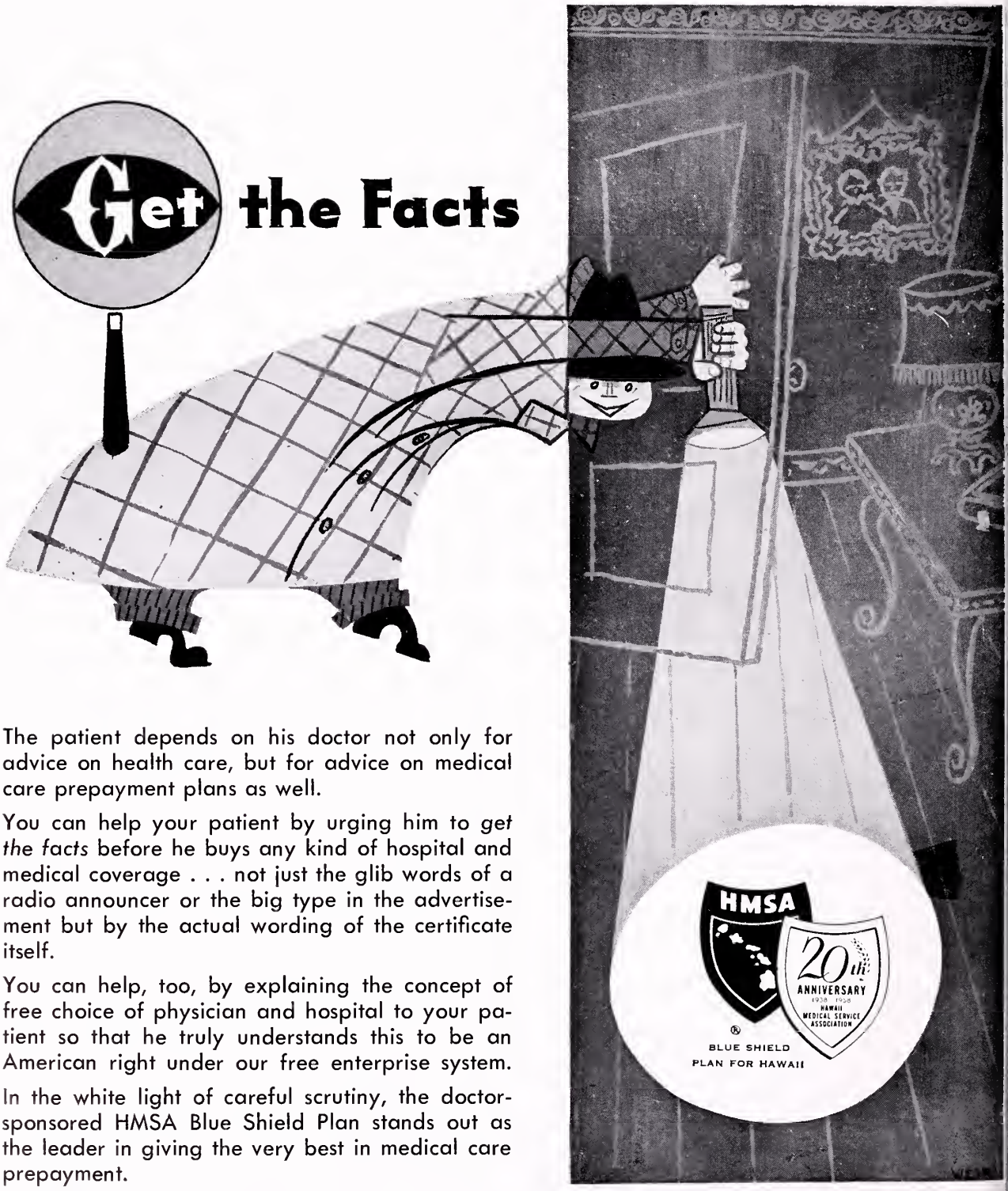
He was a member of the Oklahoma State Medical Society.

William James Galbraith

William James Galbraith, born in 1860, was granted his medical degree by the Cincinnati College of Medicine and Surgery in 1880.

In 1900 he had an office on Alakea Street in Honolulu where he practiced until 1903 or 1904. He is next heard of in 1923 when he was located in Los Angeles, California, and by 1929 he had moved to Inglewood and was in practice.

Dr. Galbraith died in Inglewood in July, 1933, at the age of 73.



The patient depends on his doctor not only for advice on health care, but for advice on medical care prepayment plans as well.

You can help your patient by urging him to *get the facts* before he buys any kind of hospital and medical coverage . . . not just the glib words of a radio announcer or the big type in the advertisement but by the actual wording of the certificate itself.

You can help, too, by explaining the concept of free choice of physician and hospital to your patient so that he truly understands this to be an American right under our free enterprise system.

In the white light of careful scrutiny, the doctor-sponsored HMSA Blue Shield Plan stands out as the leader in giving the very best in medical care prepayment.

Book Reviews

Abnormal Labor

By L. A. Calkins, M.D., 70 pp., $2.75, Charles C. Thomas, 1958.

This concise book deals with the mechanisms, and methods of treatment, of conditions arising in the first, second, and third stages of labor. The facts, statistics, and management followed are the experience of the author in his work at the University of Kansas Medical Center.

For the busy specialist or general practitioner, the publication affords one a lot of value for very little time and effort.

CLARENCE F. CHANG, M.D.

★Principles of Ophthalmoscopy

By John K. Erbaugh, M.D., 69 pp., $5.50, Charles C. Thomas, 1958.

This excellent monograph encompasses a complete description of the use of the ophthalmoscope, for the internist. It is brief and to the point and deals almost exclusively with the ocular manifestations of the more important systemic conditions such as diabetes mellitus, nephritis, arteriosclerosis, and essential hypertension.

There is a brief discussion of the physics of opthalmoscopy, together with many fundus pictures in color to aid the physician in making diagnoses.

DONALD S. DEPP, M.D.

The Physician's Own Library

Mary Louise Marshall, 87 pp., $3.00, Charles C. Thomas, 1957.

This readable little volume, written by Mary Louise Marshall, one of the outstanding medical librarians of the country, should be on every physician's bookshelf. It is crammed with useful information on the development, care, and use of the physician's own library. The author stresses the need today more than ever for a physician to have his own books and journals in addition to having access to a good medical library. The suggestions and advice given by Miss Marshall will be of great value to all doctors. The book will pay for itself many times over.

HASTINGS H. WALKER, M.D.

Tuberculosis: Every Physician's Problem

By J. Arthur Myers, M.D., 290 pp., $7.50, Charles C. Thomas, 1957.

A well written and easily read book covering the various phases of tuberculosis. The book is divided into three parts; namely, the tubercle bacillus and its initial invasion, clinical (reinfection type) tuberculosis, and control and eradication.

A nurse or physician wanting to review the subject of tuberculosis would find it profitable to read this book. An internist or phthisiologist will find it simplified. The bibliography is not extensive but adequate and up to date. This book is not recommended as a reference book.

GILBERT A. CHING, M.D.

★ Highly recommended.

Unexpected Reactions to Modern Therapeutics

By Leo Schindel, M.D., 146 pp., $3.00, Charles C. Thomas, 1957.

The author thoroughly abstracts the literature on the side effects of antibiotics. Since most physicians already know of these side effects, this book will be of value to those who wish to review the subject or obtain a bibliography in it.

H. W. FISHER, M.D.

Brain Mechanisms and Drug Action

William S. Fields, 44 pp., $4.25, Charles C. Thomas, 1957.

This book presents a timely discussion of pharmacology of the nervous system including the effect of the more recent drugs, the so-called tranquilizers. We should all familiarize ourselves with the more recent knowledge about the reticular system and the effect of the various drugs on this part of the nervous system.

This volume should prove helpful to internists, psychiatrists, and neurologists in orienting themselves to more recent advances in the pharmacology of the nervous system.

J. ROBERT JACOBSON, M.D.

The Human Ear Canal

By Eldon T. Perry, M.D., 116 pp., $4.75, Charles C. Thomas, 1957.

As a result of recent research, this little book, written by a dermatologist, thoroughly covers the human ear canal, especially the microscopic anatomy, innervation, and physiology.

The diseases and treatments covered are those of a temperate climate and, I believe, incomplete for conditions found in Hawaii.

E. R. AUSTIN, M.D.

Pre-employment Disability Evaluation

By William A. Kellogg, M.D., F.A.C.S., 118 pp., $10.50, Charles C. Thomas, 1958.

Pre-employment physical examinations, like state board medical examinations, had the public weal as their reason for being. First, color-blind individuals were eliminated as operators of rapidly moving common carriers—railroads, and steamers. This happened in the last quarter of the last century.

The extension of pre-employment examinations both in number and scope was an application of the ancient judicial principle of "let the buyer beware." During the present century, especially the last quarter, three factors have brought this about, viz.: (1) the increased ease of bringing actions against employers for alleged injuries through the various workmen's compensation laws; (2) obtaining judgments under these laws by fraud and through ignorance for conditions not even remotely connected with injury or the hazards of employment, or judgments that were disproportionate to the disability;

(Continued on page 600)

Notes and News

Wheels—Big, and Fast

Big Wheels

New President of the Hawaii Medical Association is **Dr. William Bergin** of Hilo. **Dr. Toru Nishigaya** is President-Elect; **Dr. Raymond Yap,** Secretary; **Dr. Edward Cushnie,** Treasurer; **Dr. S. Mizuire** and **Dr. Al Burden,** Councillors. **Dr. Varian Sloan** was elected President of the Hawaii Territorial Academy of General Practice. Vice-President is **Dr. T. David Woo,** and Secretary-Treasurer, **Dr. Clifford T. Druecker.**

New Chairman of the Territorial Boxing Commission is **Dr. Thomas Y. K. Chang,** former President of the Oahu Amateur Boxing Association, and on medical staff of the commission for seven years.

Practitioner of the Year

Dr. J. M. Kuhns of Lihue was selected as Hawaii's "General Practitioner of the Year."

Oh! So Fast Wheels

Mrs. Tom (Tetta) Richert in her Porsche and **Dr. T. Robert White** in his Ferrari burned up many miles at the Hawaii Speed Week races.

New OB Diplomates

Drs. Sydney Fujita and **Rodney West** were certified last month by the Obstetrics Board.

Marriage Announced

Dr. Joeli Espejo and **Dr. Adrian Verwoerdt** were married June 7.

Other New Associations

Drs. Richard Durant, Richard Dodge, W. B. Herter, Homer Izumi, and **Samuel Yee** formed a partnership to service the local Kaiser Medical Plan.

Bon voyage to **Rear Admiral Thomas G. Hays,** fleet surgeon, who left late in May. He is to be relieved by **Rear Admiral Courtney G. Clegg.**

Dr. Frank Glaser retired from private practice at Aiea to work in the Bureau of Geriatrics, Cancer Control and VD Control, at Board of Health.

Dr. Coolidge S. Wakai has joined **Dr. Richard K. C. Chang** in the practice of internal medicine. Dr. Wakai's sub-specialty is cardiology.

Dr. Cecil A. Saunders, Jr., returned to practice after military service. He received a Certificate of Achievement prior to being discharged.

New News Editor

When you read this **Dr. Masato Hasegawa** will be well on his way to having completed the news for the next issue of the HMJ. His phone number is 58-296.

(Continued on page 594)

VIRGIL ANDERSON HARL, M.D.
1889-1958

Virgil A. Harl was born in Owensboro, Kentucky, December 3, 1889, the son of James C. and Florence Eddy Harl. He received his M.D. from the University of Louisville Medical School in 1911, and was the youngest man in his class.

Following an internship at Northwestern, under Dr. Alton Ochsner, Sr., he engaged in general practice in Owensboro. In 1914 he was married to Elizabeth Rebecca Jarboe. In 1916 he was commissioned in the Army, and in 1921 was ordered to duty at Tripler Army (then Tripler General) Hospital in Honolulu.

In 1925 he resigned his commission and became physician for the Kilauea Sugar Plantation Company on Kauai, where his first task was to equip the new hospital.

During his stay at Kilauea he helped establish the first Episcopal church in that part of Kauai, and later served as a vestryman. He also promoted an active prenatal care program. He became a director of the Mahelona Memorial Tuberculosis Hospital at Kapaa.

In 1945 he retired from his position and spent several months in New Orleans in postgraduate study of surgery, and in 1948 he opened his office in the Young Hotel Building for the private practice of medicine.

Dr. Harl was a member of the Honolulu County Medical Society, the Hawaii Medical Association, the American Medical Association, the Pan-Pacific Surgical Association (life member), and the Territorial Association of Plantation Physicians. He was an Elk, and a Mason, and was a member of the Scottish Rite Bodies in Honolulu.

He retired from active practice in December, 1957. On March 26, 1958, he underwent a major operation at Tripler Army Hospital, and though convalescing satisfactorily, suffered a fatal heart attack less than three weeks later, at his home.

He is survived by his wife Elizabeth, a married daughter, Mrs. Harold C. Strotz, a son, William James Harl, a brother, Elliott Harl of Port Arthur, Texas, and a grandson, Bruce Strotz, of Beverly Hills, California.

He has left behind him a permanent memorial in the hearts and minds of his patients and friends in the plantation community he served so faithfully for a quarter of a century, as well as in Honolulu, and in the affection of his fellow practitioners on both Kauai and Oahu.

CLARENCE E. FRONK, M.D.

LOUIS A. R. GASPAR, JR., M.D.

1903-1958

Dr. Louis Alfred Rodrigues Gaspar, Jr., was born in Funchal, Madeira, Portugal, on April 30, 1903, and died peacefully in his sleep from coronary occlusion in the early morning hours of April 7, 1958, in San Francisco.

Dr. Gaspar, who came to Hawaii at about ten years of age with his father, who was also a physician, was educated in the local public schools and graduated with the degree of Doctor of Medicine from the Stanford University Medical School in 1930. He interned in the San Francisco County Hospital and also spent two years in residency at The Queen's Hospital in Honolulu.

He married Miss Violet Delu of Oakland on August 7, 1932, in the Stanford Memorial Chapel at Palo Alto, California, and they came to Honolulu to make their home. Here he began, in 1934, what soon became and remained a large and successful practice at the same address, 1286 Emma Street, which had been the family home site and his father's office before him, and on which now stands a modern building erected by him as a memorial to his father.

His business interests were wide and varied. His advice and counsel were eagerly sought in matters pertaining to our profession. He has a remarkable record of service to the Honolulu County Medical Society, where for twenty-four consecutive years—from 1932 when he was first appointed to the Program Committee through 1956—he served continuously every year as an officer, as chairman on a committee, or as a member of a committee.

He was President of the County Society during 1941 and served with distinction in that office. His greatest contribution to the Honolulu County Medical Society was in the field of Medical Economics. He served many long hours on various committees having to do with fee schedules, the Hawaii Medical Service Association, Forms of Medical Practice Committee, and, particularly, in 1956, his last and major contribution on the Special Medical Care Plans Committee. He almost never missed a meeting of any committee on which he was serving and was invariably punctual in his habits in spite of the many demands made upon his time, both by his patients and by his colleagues in the profession. His judgment and contributions were always sound.

During ten of these years he also doubled in similar committees and offices for the Hawaii Medical Association, of which he was Secretary from 1944 to 1946 and Vice-President in 1941 to 1942. He declined nomination as President-Elect in 1958.

Dr. Gaspar had tremendous energy, boundless enthusiasm, and an especially high degree of integrity and devotion to the profession of medicine and to his many patients. For many years he was on the Medical Advisory Committee to the St. Francis Hospital and was Chief of Surgery there from 1945 through 1949. His efforts contributed largely to the success and the present high standing of that hospital in this community.

He was a valiant defender of what he believed to be right. His place in the council halls and deliberations of our Medical Society will be extremely hard to fill.

Dr. Gaspar was a member of the Honolulu County Medical Society, the Hawaii Medical Association, the American Medical Association, the Oahu Country Club, the Pacific Club, and Court Cameos Number 8110, Ancient Order of Foresters.

His energy had many outlets, dating from his high school and college days when he earned his Varsity letters as a sprinter. His record in the novice 100-yard dash, interscholastic high school division, still stands. He was among the first in the Territory to be granted a civilian pilot's license. For some years he was an enthusiastic yachtsman and derived great pleasure from sailing. Finally, he turned to golf, and soon became a very skillful player with a low handicap. He was a devoted follower of the game and derived the keenest satisfaction from a well played foursome with his friends. Louie was one of the few men to win the annual medical golf tournament trophy twice. He was always a formidable competitor whether on the golf links or engaged in other activities which he thoroughly enjoyed. And, as he was so fond of saying, it gave him an opportunity to "improve his mathematics."

He is survived by his wife, Violet, and four children: one son, Louis Delu; and three daughters, Mariette Pauline, Jill Leaah, and Margaret Isabel.

His patients were numerous and devotedly loyal and his friends were legion. In their hearts and minds will be the enduring memorial to this splendid man who devoted his whole life to doing good works for others.

JOSEPH PALMA, M.D.

OUR NEW PRESIDENT

Dr. William N. Bergin, of Hilo, Island of Hawaii, became the 55th President of the Hawaii Medical Association on May 3, 1958.

Dr. Bergin was born in Honolulu April 7, 1907, the only child of William Carthage Bergin and Martha May (Nichols) Bergin, who had come to Hawaii from the mainland in 1898 and 1902, respectively. He attended St. Louis College and Creighton University, receiving his M.D. in 1933. After 18 months' internship at The Queen's Hospital, he practiced in North Kona for a year, and at Kula Sanatorium for a year; then spent seven years as plantation physician at Laupahoehoe and Paauilo, and five at Pepeekeo, which he left in 1949 to join Dr. Archie Orenstein in private general practice in the city of Hilo, a practice he has carried on alone since Dr. Orenstein's recent retirement.

Dr. Bergin was married in 1931 to Emma Teresa Eileen O'Connell of Omaha, and they have four children: Kathleen May (Mrs. Scott) Hill (just married last month), Marjorie Ann (B.A. 1957), Nancy Lynn, and William Carthage.



The Cane of Office Supports its New Owner

The quasi-official Cane of Office of the Hawaii Medical Association was first presented to President Rogers Lee Hill by its fabricator, Dr. Frank Spencer, at the Annual Picnic in 1950, and has been passed from him to his successors in office. President Bergin is shown here demonstrating its symbolism: that the owner needs to be able to stand on his own two feet.

Dr. Bergin is a past President of the Hilo Rotary Club, the Territorial Association of Plantation Physicians, and the Hawaii County Medical Society. His hobbies are fishing—deep sea, of course—and painting (in oils: "water colors are too difficult," he says).

"Bill" brings to this new office the viewpoint of a former plantation doctor, a general practitioner, and a neighbor island physician, and he has a salty Irish way of saying what he thinks. Don't overlook his President's Page in this and future issues. And start planning now to attend the annual meeting in Hilo the last week of April, 1959!

102D ANNUAL MEETING HAWAII MEDICAL ASSOCIATION

HONOLULU
May 1 through May 4

The annual meeting for the one hundred and second year of corporate existence of the Hawaii Medical Association was held in Honolulu. The following program was presented:

SCIENTIFIC PROGRAM

PANEL DISCUSSIONS

Recent Advances in Internal Medicine

Moderator: Dr. Fred I. Gilbert, Jr.

Panelists: Drs. Nobuyuki Nakasone, Unoji Goto, K. W. Momeyer, A. S. Hartwell

Recent Advances in Pediatrics

Moderator: Dr. Donald Char

Panelists: Dr. William F. Moore, who discussed *newer viruses;* Dr. Philip H. F. Watt, *unexpected death in infancy;* Dr. Robert G. Dimler, *jaundice in infancy;* Dr. Allan C. Oglesby, *recent advances in rheumatic fever.*

Recent Developments in Surgery

Moderator: Dr. C. M. Burgess

Panelists: Dr. Raymond Chang covering *chest surgery;* Dr. Grover Batten, *head and neck;* Dr. Robert Johnston, *stomach;* Dr. Verne C. Waite, *colon*

Radioactive Isotopes

Moderator: Dr. Jun-Chuan Wang

Panelists: Drs. Robert G. Rigler, John M. Ohtani, Herbert E. Schmitz

DEMONSTRATIONS

Some Recent Developments in Psychotherapy that can be used in your practice

Four-man demonstration by Drs. William H. Stevens, Joseph T. Smith, Ellsworth Harris and Stanley Standal

Medical Photography with Illustrations

Under the direction of Dr. Gilbert M. Halpern with Drs. Paul Gebauer, Ralph B. Cloward, Raid Chappell, P. H. Liljestrand, and Mr. Lawrence Wells from Tripler Army Hospital

PAPERS

Presidential Address
Samuel L. Yee, M.D.

Rational Use of Hormones in Obstetrics and Gynecology
Dr. Robert A. Kimbrough, Jr.

Indications for Hysterectomy
Dr. Herbert E. Schmitz

Newer Trends in Obstetrics
Dr. Herbert E. Schmitz

Antepartum Hemorrhage
Dr. Robert A. Kimbrough, Jr.

SOCIAL PROGRAM

Cocktails and Annual Banquet, Saturday evening, Oahu Country Club

Breakfast, Sunday morning, Waialae and Oahu Country Clubs (courtesy of Pfizer Laboratories)

Golf Tournament, Sunday morning, Waialae and Oahu Country Clubs

Picnic for doctors and their wives, Sunday noon, home of Dr. and Mrs. A. S. Hartwell

MEETINGS

Council, Wednesday evening, Oahu Country Club

House of Delegates, Thursday and Friday afternoons, Mabel Smyth Auditorium

Woman's Auxiliary, Executive Board and Auxiliary Delegates meetings, Friday morning and evening at The Queen's Hospital Auditorium

Annual Membership Meeting, Friday evening, Mabel Smyth Auditorium

HAWAII MEDICAL ASSOCIATION OFFICERS 1957-58

Samuel L. Yee, *President*
Webster Boyden, *Past President*
William N. Bergin, *President-Elect*

Satoru Nishijima, *Secretary*
Edward F. Cushnie, *Treasurer*
Haruto Okada, *Vice-President from Hawaii*

Rodney T. West, *Vice-President from Honolulu*
Eichi Masunaga, *Vice-President from Kauai*
Joseph E. Ferkany, *Vice-President from Maui*

REFERENCE COMMITTEES

No. 1—Insurance and Medical Service

O. D. Pinkerton
Thomas S. Bennett
Edmund Lee
S. R. Wallis

No. 2—Public Health

M. Hasegawa
James Fleming
William H. Gulledge
W. H. Wilkinson

No. 3—Parliamentary Affairs

Morton Berk
Takeo Fujii
J. A. Mitchel
K. S. Tom

No. 4—Miscellaneous Business

Harold M. Sexton
Elmer Johnson
Randal Nishijima
Joseph E. Ferkany

STANDING COMMITTEES

Arrangements

Satoru Nishijima
John W. Devereux
A. S. Hartwell
W. J. Holmes
Homer Izumi
Toru Nishigaya

American Medical Education Foundation

Min Hin Li, *Representative*

Cancer

I. L. Tilden
Grover H. Batten
Albert H. Ishii
Harold M. Johnson
George H. Nip
Walter B. Quisenberry
Norman R. Sloan
James T. S. Wong
Tokuso Taniguchi
Eichi Masunaga
Joseph E. Ferkany

Chronic Illness

George Mills
L. Clagett Beck
David I. Katsuki
Robert A. Kimmich
Walter B. Quisenberry
Norman R. Sloan
R. P. Wipperman
P. M. Cockett

Diabetes

C. S. Brown
Robert Jim
N. Nakasone
Louis G. Stuhler
Norman Sloan
Walter Sun Look Loo
Peter Kim
Lester T. Kashiwa

Emergency Medical Service

Isaac Kawasaki
Robert B. Faus
L. A. R. Gaspar†
Paul Gebauer
Henry C. Gotshalk
R. H. Hiroshige
Leon Mermod
John Peyton
Ed B. Helms
P. M. Cockett
J. F. Fleming

Examining Board for Hansen's Disease

Harry L. Arnold, Jr., *Representative*

Federal Medical Services

O. D. Pinkerton
Grover Batten
John M. Felix
William Ito
Ivar J. Larsen
Allan H. H. Leong
C. C. McCorriston
Rudolph P. Wipperman
William W. Goodhue
J. Alfred Burden

Hawaiian Academy of Science

Robert D. Bright, *Representative*

Health Education

Katherine J. Edgar
Grover Batten
Herbert Chinn
Shigeru R. Horio
Andrew C. Ivy
Merton Mack
Richard D. Moore
Randal Nishijima

Heart

Kikuo Kuramoto
Scott Brainard
Bernard W. D. Fong
A. S. Hartwell
Norman R. Sloan
M. E. Stevens
Lester P. K. Yee

Mental Health

Pershing S. Lo
Richard E. Ando
J. W. Devereux
Elmer C. Johnson
Robert A. Kimmich
Kenneth Rusch
Nial M. Scully
Y. T. Wong

Polio

John M. Felix
William Gulledge
L. Q. Pang
William H. Sage
Teruo Yoshina

Personnel

Harry L. Arnold, Jr.
H. Q. Pang

Radium

George W. Henry
Samuel D. Allison
Philip S. Arthur
Hon Chong Chang
C. C. McCorriston
Richard D. Moore
Jun-ch'an Wang
Peter J. Washko
Tetsui Watanabe
Toshio Kutsunai
K. K. Fujii
Raymond M. Otsuka

Red Cross

Andrew Morgan, *Representative*

Scientific Program

W. J. Holmes
Samuel D. Allison
Fugate Carty
W. T. Chock
C. S. Judd
Randal Nishijima
Richard Yamauchi
W. B. Patterson
K. K. Fujii

ADVISORY COMMITTEES

Board of Management, Mabel L. Smyth Bldg.

Leon E. Mermod
P. H. Liljestrand
Harry L. Arnold, Jr.

Bureau of Crippled Children

W. H. Gulledge
Thomas S. Bennett
Duke Cho Choy
George M. Ewing
Leabert R. Fernandez
Howard H. Honda
Francis K. Lum
B. Allen Richardson
Nicholas Steuermann *
T. David Woo
S. R. Wallis
M. A. Brennecke
William B. Patterson
Mamoru Tofukuji
Edward V. Avakian
William R. Totherow

Bureau of Tuberculosis

Homer M. Izumi
L. Clagett Beck
Fred I. Gilbert
George Henry
John Kometani
Robert H. Marks
H. H. Walker

Woman's Auxiliary to the Hawaii Medical Association

Homer M. Izumi
Harry L. Arnold, Jr.
Clarence E. Fronk

Bureau of Maternal and Child Health

J. I. F. Reppun
Richard E. Ando
Ogden Bruton
Fugate Carty
Donald Char
L. T. Chun
S. T. Fujita
Lucy Ma
J. P. Moran
Roy Ohtani
W. F. Walsh
James Wong
Jack S. Woodruff
C. A. Wyatt
N. Steuermann
T. D. Woo
Sam Wallis
Marvin Brennecke
W. B. Patterson
Mamoru Tofukuji
E. V. Avakian
William Totherow

Bureau of Workmen's Compensation

Robert B. Faus
A. L. Vasconcellos, *Sub-Chairman*
Richard Dodge
J. D. Henriksen
Dorothy Kemp

Bureau of Venereal Disease

C. V. Caver
Samuel D. Allison
Edmund Ing
Wilfred H. Kurashige
Norman R. Sloan
Walter S. Strode

† Deceased

Chairmen's names appear in bold type

AD HOC COMMITTEES

Hawaii Medical Practice Act Review

B. Allen Richardson
Samuel D. Allison
Leo Bernstein
Thomas Fujiwara
Richard K. C. Lee
I. Tilden
H. E. Crawford
William W. Goodhue
Frank A. St. Sure

Summer Medical Conference Arrangements

Allan H. H. Leong
Samuel D. Allison
William S. Ito
Fred I. Gilbert
Robert K. Moxon
N. Nakasone
A. L. Vasconcellos

Nominating

Harry L. Arnold, Jr.
Douglas B. Bell
Edwin K. Chung-Hoon
Satoru Nishijima
H. Q. Pang

Physicians' Aid Study

Verne C. Waite
Herbert Chinn
L. A. R. Gaspar†
C. C. McCorriston
Andrew L. Morgan
T. T. Tomita

Reference Committee System

Harry L. Arnold, Jr.
Webster Boyden
Homer M. Izumi

Joint Committee Study

Edwin K. Chung-Hoon
M. M. Hasegawa
Satoru Nishijima
Thomas H. Richert
K. S. Tom
Raymond C. Yap

SPECIAL REPORTS

Hawaii Medical Journal

Harry L. Arnold, Jr., *Editor*

Woman's Auxiliary to the Hawaii Medical Association

Mrs. John W. Devereux, *President*

MINUTES OF THE COUNCIL MEETING

Wednesday, April 30, 1958, at 6:30 P.M.
Oahu Country Club

PRESENT:

Dr. S. L. Yee, Presiding; Drs. Bergin, Boyden, Cushnie, Nishijima, Burgess, Izumi, Spencer, Fujii, Oto, and Patterson. Guests: Drs. O. D. Pinkerton and Harry L. Arnold, Jr., and Mr. R. M. Kennedy.

MINUTES

The minutes were approved as circulated.

COUNCIL MEETINGS

Dr. Yee explained that because of the institution of the reference committee system, it might be advisable to hold the last Council meeting a month before the annual meeting rather than the night before. Dr. Cushnie wondered if it should be a full month ahead of time. Dr. Patterson felt that the Councilors should have time to take the proceedings back to their respective county societies.

ACTION:

Dr. Izumi moved, seconded by Dr. Cushnie, that we have the last Council meeting at least a month ahead of the annual meeting. The motion passed. (Referred to Reference Committee No. 4)

There was a short discussion about whether or not the Association should pay for the Councilors' dinners.

ACTION:

Dr. Cushnie moved, seconded by Dr. Nishijima, that the Council meetings be paid for by the Hawaii Medical Association. The motion passed. (Referred to Reference Committee No. 4)

Dr. Yee introduced the subject of having Council meetings on the different islands and pointed out that many Mainland associations have adopted the policy of having their Council meetings in the different counties and found this system worked to good advantage. Dr. Bergin said he felt the idea would give the outside island fellows a feeling of "togetherness." Dr. Izumi suggested that the Council pass this matter to the House of Delegates and pointed out that there is the advantage of having the Council meetings on the night of the County Society meeting and that on the Mainland this system has led to better understanding. Dr. Cushnie said we should calculate the maximum sum (expenses). It was pointed out that we are already paying for transportation and per diem expenses of five of the eleven members. Dr. Nishijima said that if it is of value to the Association the expenses involved may be small.

ACTION:

Dr. Boyden moved that the Council meeting be held on the island of the annual meeting one month before and that it should be held in conjunction with the monthly meeting of that Society. Dr. Bergin amended the motion to include that one meeting be held on one of the outside islands annually and the rest of the meetings be held in Honolulu. Dr. Boyden accepted the amendment, the motion was seconded by Dr. Nishijima, and passed.

Dr. Boyden moved that when meetings are held on the neighbor islands that every member of that Society be sent an agenda and an invitation to be present. Dr. Izumi amended the motion to include that the circulation of the agenda would be the responsibility of the county secretary. Dr. Boyden accepted the amendment, the motion was seconded by Dr. Oto, and passed. (Referred to Reference Committee No. 4)

DELEGATES

Dr. Nishijima explained the system of determining the number of delegates each County Society is entitled to and pointed out that if Hawaii used the same system that Honolulu uses, they would be entitled to one more delegate. Dr. Cushnie felt that it was a matter to be determined by each individual Society. Dr. Patterson did not concur. Mr. Kennedy suggested that perhaps if there

were any changes, they should be made in accordance with the AMA designations. Dr. Izumi felt that the AMA was guided by the local County rules.

ACTION:

Dr. Burgess moved, seconded by Dr. Cushnie, that we delay action on this problem and instruct the secretary to investigate the matter and to check AMA regulations about this and to bring it up again at the next meeting. The motion was passed.

SUPPLEMENTAL AGREEMENT TO THE MEDICARE CONTRACT

Dr. O. D. Pinkerton, chairman of the Federal Medical Services Committee, was called upon to explain the background of what had transpired in his committee relative to making a recommendation that the Association sign the contract to permit the HMSA to draw advance funds from the Government to be used in the Medicare operation. He presented the usage figures of the HMSA, which showed a marked increase every month over the past year, and stated that the Federal government had advised HMSA that they could be advanced approximately $80,000.00 in Federal funds. He explained that the two dissenting votes were made because HMSA had at the time of the original negotiations stated that they were in a financial position to handle claims.

ACTION:

Dr. Bergin moved, seconded by Dr. Cushnie, that the Council approve the HMSA request. The motion was carried. (Referred to Reference Committee No. 1)

CODE OF COOPERATION

This was discussed informally and it was felt that no action was necessary by the Council as it was already assigned to a reference committee of the House of Delegates. The question of money was mentioned and it was pointed out that the only money that would be spent would be for the printing of the code. Since the title was not explicit, it was recommended that the title be changed.

ACTION:

Dr. Izumi moved, seconded by Dr. Patterson, that the Code of Cooperation for Press, Radio and TV which was adopted by Honolulu County's Board of Governors be approved by the Council. The motion passed.

REGISTRATION FEES

The bylaws referring to registration fees were discussed as a matter of information only. No action was necessary.

ANNUAL MEETING

Dr. Yee brought up the matter of the 1959 annual meeting. It was mentioned that Children's Hospital Golden Jubilee was scheduled for April 19 to 22 (Sunday through Wednesday).

ACTION:

Dr. Cushnie moved, seconded by Dr. Oto, that the annual meeting be held on April 23-26, 1959, on Hawaii. The motion passed.

MEDICARE NEGOTIATIONS

Dr. Bergin mentioned the fact that he had received letters from the Ob-Gyn Society requesting that Dr. McCorriston be included in the team of negotiators sent to Washington in August, and was advised that the appointment of these negotiators would come under his authority as president. No action was necessary.

COLLECTION OF AMA DUES BY INDIVIDUAL COUNTIES

Dr. Cushnie explained the background of this subject and it was agreed the County Societies collect AMA dues along with their county and HMA dues.

ACTION:

Dr. Boyden moved, seconded by Dr. Bergin, that Council approve of this method of collecting dues. The motion passed.

JOURNAL ACCOUNTING

The matter of keeping the HAWAII MEDICAL JOURNAL accounts separate from the HMA accounts was brought up by Dr. Cushnie. Dr. Arnold agreed. After a short discussion it was decided that the treasurer, executive secretary, and the auditor discuss this matter and make a recommendation to the Council.

DOCTORS' LISTINGS IN THE YELLOW PAGES

It was brought to the attention of the Council that attempts have been made to include the names of Honolulu specialists in the yellow pages of the outside island telephone directories. Dr. Bergin pointed out that every neighbor island subscriber gets a Honolulu book as well as a local book.

ACTION:

Dr. Bergin moved, seconded by Dr. Spencer, that the Council disapprove of this proposal and that the component societies be notified of our action. The motion was passed. (Referred to Reference Committee No. 4)

LIBRARY BUILDING FUND

Dr. Yee read the following letter from Dr. Grover H. Batten, President of the Honolulu County Medical Library:

April 30, 1958

Samuel L. Yee, M.D., President
Hawaii Medical Association
510 So. Beretania St.
Honolulu, Hawaii

Dear Dr. Yee:

As you know the Honolulu County Medical Library has begun its fund-raising efforts among the medical profession of Hawaii. . . . Although it is the Honolulu County Library all physicians in the Territory are able to utilize its facilities at any time. In addition, material, as requested, is sent to those physicians practicing in counties other than Honolulu. No charge has ever been made for this service except for the necessary postage.

Your Library Board would be most grateful if, at some opportune time, you could call the attention of the various officers of the other county societies to our fund-raising campaign. If the great need for adequate library facilities and the fact that we are projecting our plans a century into the future are sufficiently emphasized, then the various societies may wish to augment our fund-raising efforts by conducting some type of auxiliary fund-raising drive of their own.

Acquiring $300,000 is an enormous task. We expect to obtain very significant donations from various lay groups and individuals. There is no question but that their generosity will be based on the showing made by the physicians themselves. Accordingly, it is mandatory that we *all* give.

Anything you can do to help us will be greatly appreciated.

Sincerely,
GROVER H. BATTEN, M.D.
President

ACTION:

Dr. Izumi moved, seconded by Dr. Patterson, that the Council support the intent of the request and that they commend the committee for its efforts on this worthy cause.

The meeting was adjourned at 10:15 P.M.

SATORU NISHIJIMA, M.D.
Secretary

PROCEEDINGS OF THE HOUSE OF DELEGATES

of the Hawaii Medical Association

102d Annual Meeting

The first session of the House of Delegates of the Hawaii Medical Association was called to order by the President, Dr. Samuel L. Yee, at 2:00 P.M., at the Mabel Smyth Auditorium, Honolulu, May 1, 1958.

The Secretary called the roll and the following were present: Drs. Samuel L. Yee, Webster Boyden, William N. Bergin, Satoru Nishijima, Edward F. Cushnie, Rodney T. West, Eichi Masunaga, Joseph E. Ferkany, James A. Mitchel, Keith Nesting, Thomas Bennett, Morton Berk, Clifford T. Druecker, Takeo Fujii, William H. Gulledge, M. Hasegawa, Elmer Johnson, Edmund Lee, Randal Nishijima, O. D. Pinkerton, Kenneth Rusch, Harold M. Sexton, Kam Sung Tom, James Fleming, S. R. Wallis. Dr. West appointed the following alternates: Dr. E. W. Boone for Dr. Leabert Fernandez, Dr. Fred Lam, Jr. for Dr. Richard K. C. Chang, Dr. Leon Mermod for Dr. Merton H. Mack, and Dr. M. E. Stevens for Dr. W. H. Wilkinson. Dr. Ferkany appointed Dr. Edward Shimokawa to take the place of Dr. Sanders. The President appointed Dr. Ferkany to take Dr. Sanders' place on Reference Committee No. 4. Dr. Mack arrived before any business was transacted and was seated.

The minutes were approved and circulated.

Dr. Yee gave the privilege of the floor to Dr. Homer Izumi who explained the reference system more fully. He explained that the reference committees are open to everyone, and anyone who wants to be heard should be present. That the alternate delegates should circulate among the different reference committees and express the wishes of their societies. He explained that when a member of a reference committee wants to attend another reference committee meeting he may propose to the chairman that when a topic comes up in his reference committee that he wishes to discuss that he return when this topic comes up.

Dr. A. S. Hartwell was next given the floor. He explained that when reference committees meet, time is not of essence. He said that the reference committee does not end all debates and that if you disagree, you may air your views on the floor.

Dr. Yee read the names and meeting places of the reference committees and asked Dr. M. E. Stevens to take the place of Dr. Wilkinson.

Dr. Stevens asked if a regular delegate were absent from a committee, could an alternate replace him. He was advised in the affirmative. The matter of seating the alternate delegates tomorrow if they had served today was discussed. It was decided that if the regular member returns, he will vote.

The Secretary read the minutes of the Council meeting. The President assigned different portions to the appropriate reference committees, except that portion relating to the building of a new Honolulu County Medical Library. Dr. Yee explained that the action taken by the Council on this matter would not have to be referred to a reference committee if it had the unanimous approval of the House of Delegates. It was unanimously agreed that it is a very worthwhile cause and the motion was made, seconded, and unanimously carried.

Dr. Yee stated the House stood adjourned until 2:00 P.M. Friday, May 2, 1958.

* * *

The second session of the House of Delegates was called to order at 2:05 P.M. by the President. The following alternates were seated: Dr. Lam for Dr. Chang.

The President called for the report of Reference Committee No. 1—Insurance and Medical Services.

The Chairman of this reference committee, Dr. O. D. Pinkerton, took the floor and read as follows:

REFERENCE COMMITTEE ON INSURANCE AND MEDICAL SERVICES

Your reference committee considered the following items:

HEART COMMITTEE

The Heart Committee did not meet during the past year since there were no problems to take action upon.

KIKUO KURAMOTO, M.D.

CANCER COMMITTEE

The Cancer Committee had no meetings during the year, and has no report to submit.

I. L. TILDEN, M.D.

EXAMINING BOARD FOR HANSEN'S DISEASE

One patient was examined in the last year.

HARRY L. ARNOLD, JR., M.D.

1. The reports of the *Heart Committee, Cancer Committee* and *Hansen's Disease Committee* have been received and placed on file. Your reference committee notes that no meeting was held during the past year, and no action is necessary.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

BUREAU OF WORKMEN'S COMPENSATION

Since these meetings are scheduled for three in the afternoon attendance by doctors appointed has been understandably infrequent. Extreme tardiness further minimizes the effectiveness of any representation of real value. However, I feel the committee itself is a good one and worthwhile but the hour makes it practically impossible for any members to attend. I feel the House of Delegates should investigate the operation of the committee and try to have the Workmen's Compensation Bureau make adjustments in their meeting time.

Very few meetings were held in 1957. Not being a year the legislature meets, very little was accomplished.

The October meeting approved Mr. Douglas trip to St. Paul for the International Association of Industrial Accident Boards and Commissions.

One meeting was held to hear Mr. Kennedy's recommendations on fee schedule revisions.

Nothing of importance has been accomplished to date.

R. B. FAUS, M.D.

2. *Report of Committee to Bureau of Workmen's Compensation:* This has been accepted and placed on file. The reference committee recommends

(a) that the Workmen's Compensation Committee be enlarged in depth and replacement to fifteen, and that:

(b) the members of this committee be in active practice in this community and actually interested in this type of committee work, and that:

(c) the membership should be a cross section of the Medical Society involved in, or concerned with, surgery, general practice, and affected specialties.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

MENTAL HEALTH COMMITTEE

The Mental Health Committee has been in close touch throughout the year with community agencies working in the field of mental health. The chief topics that have been considered were:

(1) Collaboration with the Mental Health Association in the prepa-

ration of a "Directory of Mental Health Services in Hawaii." This lists all the available facilities for psychiatric treatment for both clinic and private patients.

(2) Working out a recommendation from the Hawaii Medical Association in regard to a means of providing a short term diagnostic unit for indigent psychiatric cases on an inpatient basis. At the present time indigent psychiatric cases must be committed by court order directly to the Territorial Hospital since the City Health Department has not allocated any funds for psychiatric patients. It has been found that many of these acute psychiatric cases can clear up in a few days and outpatient treatment can then be carried out. It has not been to the patient's best interest to be committed by a court order because of an acute emotional disturbance of a transient nature. In conjunction with the Mental Health Committee of the Honolulu County Medical Society we recommended that approximately six beds be provided in an existing general hospital unit which could be used by both indigent or private patients according to the requirements. This would save on the overhead operating costs. We also recommended that money be appropriated from other sources besides the City Health Department in order to make such a unit feasible. These recommendations were sent to the Oahu Health Council for action.

(3) Information was provided to the Mental Health Association which is studying the problem of providing insurance coverage for inpatient psychiatric care. This community organization has shown a very active interest in urging equal insurance considerations for patients hospitalized for psychiatric reasons.

In addition, your Mental Health Committee has concerned itself in discussions on the following long range projects:

(1) Integration of all government mental health services under one agency, (at the present time it is divided between the Department of Health and the Department of Institutions).

(2) Provide psychiatric clinics for the neighbor islands.

(3) Development of a "half-way house" for psychiatric patients for rehabilitation purposes which can be used by all community and private agencies.

I recommend that the Mental Health Committee continue in existence since public awareness of mental health problems continues to grow and the Hawaii Medical Association shall be looked upon to provide leadership in this area.

PERSHING S. LO, M.D.

3. *Report of Mental Health Committee:* This has been accepted and placed on file. The reference committee supports the recommendation of the Mental Health Committee that beds be made available in existing general hospitals for the care of indigent patients and that a continued effort be made to obtain legislative financing to make possible the acquisition of these beds.

ACTION:

Dr. Randal Nishijima asked if this meant every hospital. Dr. Rusch elaborated on this.

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

ADVISORY COMMITTEE TO THE BUREAU OF TUBERCULOSIS

Your committee has held two meetings in the past year. The first meeting on August 13, 1957, dealt with two then current, nationally publicized tuberculosis topics (1) mass vaccinations with BCG and (2) the increasing value of the tuberculin test in case finding.

Concerning mass vaccinations with BCG, your committee believed it should reiterate its statement of 1951 as expressed in detail in the May-June, 1951, issue of the Hawaii Medical Journal. Briefly, your committee then and now is of the opinion that there is no place for the general use of BCG vaccine in the Territory's tuberculosis control program. This opinion has been more recently substantiated by a subsequent report of a special U. S. Public Health Service investigation, quoted in the AMA Washington Newsletter of October 25, 1957. This PHS committee recommends against mass vaccination campaigns, limiting the use of BCG only to special situations, which in the opinion of your committee have but limited application in the Territory.

Recognizing the increasing value of the tuberculin test in case finding, your committee obtained and circularized the Association's membership with an instructive colored pamphlet published by the National Tuberculosis Association and supplied to us by the Oahu and Hawaii Tuberculosis and Health Associations. Furthermore, it was decided to explore the possibilities of having a scientific exhibit and a workshop on tuberculin testing during the annual meeting of the HMA in May. Its primary objective was to alert the physician and office nurse as to the diagnostic value, the technique, and the interpretation of the test.

The second meeting held on February 18, 1958, was devoted to completing plans for the scientific exhibit and workshop which will be co-sponsored by your Advisory Committee of the HMA and the Oahu Tuberculosis and Health Association. Plans have progressed to the state where its presentation during HMA's annual meeting is considered feasible.

In the course of its meetings your committee briefly discussed other pertinent matters which it could not pursue because of time limitations. Among them are the following which your committee recommends that further consideration be given: (1) The question of the continued use of community-wide chest x-ray campaigns for detection of tuberculosis in view of the potential hazard of radiation exposure; (2) the possibiltiy of setting up a permanent centralized clearing house for registry and collection of chest x-rays, available for future reference; and (3) the question of the value of x-raying high school students.

Your committee believes that despite the improvement in the tuberculosis picture in the Territory, it yet remains a major health problem to be aggressively pursued in a manner cognizant of recent developments adapted to our local needs.

HOMER M. IZUMI, M.D.

4. *Report of Advisory Committee to the Bureau of Tuberculosis:* This has been accepted and placed on file. The reference committee notes the successful completion of the scientific exhibit and workshop on Tuberculin Testing, which is on display at this meeting.

The reference committee recommends consideration of an Advisory Committee for establishment of a Board of Examiners for suspected cases of contagiousness. It is further recommended that this Board be composed of practicing physicians, institutional physicians and Board of Health physicians, and that this matter be taken under advisement by the Advisory Committee to the Bureau of Tuberculosis.

The reference committee commends the chairmen and members of this committee for the excellent work and progress which they have made.

ACTION:

The Chairman moved the adoption of this portion of the report. Dr. Cushnie asked if the advisory committee would make decisions on tuberculosis only and was advised in the affirmative. Dr. Pinkerton advised that the doctors from Lanakila would become members of this committee. Dr. Richard K. C. Lee was given permission of the floor and he elaborated on pronouncing former tuberculosis patients fit to work and the authority vested in Lanakila at the present time. The motion was seconded and carried.

DIABETES DETECTION COMMITTEE

The following is the annual report of the Diabetes Detection Committee along with a recommendation that the obligation for obtaining funds not be placed on the chairman of the drive in the future. Excellent cooperation was obtained from all the volunteers.

I hereby submit my resignation as chairman of this committee. I have just one all-around girl to help me in my office and must use all her time in connection with my private practice. I am sure that a very suitable replacement can be found either among the present committee members or some other doctor who has a larger staff to help him. . . .

The diabetes detection drive for Oahu was held November 17 to 23, 1958, and the following figures are for that island only:

Method used	Dreypak
Number of tests distributed	20,000
Returned for testing	3,408
Positives	218
Old diabetics	15
Newly discovered diabetics	10

Finances came from the Samuel N. and Mary Castle Foundation, $200.00, the Juliette M. Atherton Trust, $300.00, and one family who donated $100.00.

Distribution of the dreypaks was through the Hawaii Retail Druggists Association, industrial nurses, and public health nurses.

Home Insurance, Von Hamm-Young, and drug stores lent window space for the display during the drive week.

Testing was done by student laboratory technicians from the University of Hawaii with the help of Mrs. Uyehara, head technician of the Maluhia Hospital.

The Woman's Auxiliary prepared the dreypaks for distribution. Clerical work was done by the Volunteer Association with the help of Miss Harriet Kuwamoto of the Board of Health Geriatrics Department.

Radio and TV stations carried considerable publicity as well as all the local newspapers. Considerable help was obtained from Mrs. Schultz, who acted as a volunteer worker.

In summary, this drive was less successful than last year's in response of the public. Approximately 1,000 less dreypaks were returned and perhaps this was due to the fact that not such a concerted drive was made in industry as in the previous year. The reason for this was that in 1958 and in 1959 Dr. Sloan of the Board of Health will be conducting a Clinitron survey which will test blood sugars in many of the industrial employees. This will undoubtedly discover many new diabetics.

I would recommend that the next chairman not be burdened with the necessity of procuring funds for this drive. This year the McInerny Foundation refused to support our drive and new donors had to be found. This took time and delayed an early start in our plans and was a factor in our poorer showing.

In such a report as this our most important contributing factor cannot be statistically analyzed or appreciated, and that is the great amount of time given by organizations and individuals who worked very hard for the success of this drive.

C. S. BROWN, M.D.

5. *Report of Diabetes Detection Committee:* This has been accepted and placed on file.

It is recommended that the chairman of this committee be in charge of over-all services and that a co-chairman be in charge of the acquisition of funds for the support of the annual diabetes detection survey.

The reference committee commends the work of the chairman and his committee and believes that Diabetes Survey should be continued and be a function of the Hawaii Medical Association.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

EMERGENCY MEDICAL SERVICE COMMITTEE

This committee met on Friday, July 26, 1957, and discussed the motion passed at the House of Delegates meeting the previous May. The motion requested that at least 50 per cent of the committee be replaced with new members. The committee disbanded, giving the president complete freedom of choice in forming a new committee. Since this committee should ideally be composed of members who are decidedly interested in working on the intricate problems of emergency medical services in the community, the Territorial, and the national scale, and since the consequences that may result from the activities and decisions of this committee deal with the possibility of catastrophic conditions, I agreed to serve only as a "stop-gap" chairman until the House of Delegates should direct otherwise; that is until it is decided if the members of this committee should be elected or appointed.

Drs. Peyton, Gebauer, Lester Yee, and Edward Lau were appointed to replace Drs. J. Strode, Hill, and Arnold, Sr., and Dr. Mermod was appointed to replace Dr. F. J. Pinkerton. Drs. Faus, Gaspar, and Gotshalk were retained from the previous committee. The committee members from the neighbor islands were named by their respective county presidents. After several meetings Drs. Lester Yee and Edward Lau were dropped from the committee. Dr. Hiroshige was added to the committee to insure closer relations and coordination with the City & County.

Dr. Richard K. C. Lee, who is head of the Territorial Civil Defense Medical Section (TCD-5) was invited to all the meetings. He outlined to the committee where we best fit into the pattern. His general concepts were accepted and we set forth to perform the following functions:

1. Provide over all medical leadership for casualty care.
2. Assist in developing program for casualty care.
3. Make up an inventory of medical personnel.
4. Assign physicians to hospitals, first-aid stations, etc.
5. Train personnel for first aid stations and emergency hospitals.
6. Acquaint personnel with medical supplies.
7. Provide mass casualty care courses based upon Civil Defense organization and standardization.
8. Assist and guide hospitals in developing their SOP's.
9. Develop staffing pattern, assignment and training of staff for organization of 200-bed mobile emergency hospital units.
10. Procure the services of the Federal Civil Defense training team for doctors.

Most of the objectives have been started and some of them have been completed.

To further orient ourselves, we invited speakers to our meetings who are representatives from the Federal Civil Defense office. These men gave us their over-all medical plans for the Territory. In view of the total destructive nature of the H-Bomb, it is stressed strongly that each island be rapidly and thoroughly prepared to help the target island. In fact, the committee urgently pleads that the responsible members of this Association in each island avoid complacency and work with this goal in mind.

The various speakers explained plans for emergency hospitals, aid stations, selection of personnel from the responsible members of the Territorial Civil Defense. Others explained communications, traffic, transportation, and ambulance service. Red Cross activities and plans were also outlined. The committee feels that better coordination is desirable between these departments and the medical service.

During the latter part of last year, we requested that each hospital appoint a member of its staff who would be responsible for the emergency functions. This person will also be responsible for writing the Standard Operating Procedure for Emergencies for their respective hospitals and is designated as Director of Defense Planning. Directors of Defense Planning from all Oahu hospitals were invited to our meetings to hear the various speakers and to join in the discussion.

We took the liberty of procuring the services of the members of the Armed Forces and, with the help of Dr. Lee and his staff, have arranged for a refresher course on Mass Casualties to be staged on the mornings of April 13 and 20. We will endeavor to have a 200-bed mobile hospital put up near the Mabel Smyth Building during annual meeting.

A master roster of physicians on Oahu and their assignments is being prepared. This will be composed of fixed hospital, mobile hospital, and aid station assignments.

In view of all the information gathered this past year, the committee feels that we should plan our thinking along three degrees of disaster: (1) *Minor* (or that which leaves fixed hospitals intact and functioning), (2) *Major* (or that which destroys much of the city but leaves the fringe areas still usable where mobile hospital units and aid stations can be set up, and (3) *Total* (or that where we must concentrate our supplies and man power in a limited area. In the last-named situation we will become almost totally dependent upon the help of the neighbor islands. After a thorough study of these facts the committee therefore recommends: (1) That the House of Delegates designate whether a committee composed of members profoundly interested and cognizant of our present situation in emergency medical service be elected or appointed; (2) that the House of Delegates reaffirm the authority and responsibilities of this committee and authorize the committee to act with full confidence and authority of the HMA in time of disaster; (3) that the House of Delegates authorize a member of this committee to serve as a liaison to the Red Cross to coordinate activities and to serve as medical advisor and that they designate how this liaison member be chosen; and (4) that the House of Delegates instruct the next committee to (a) concentrate its efforts on providing medical leadership and working closely with the Dental Society and the Nurses' Association, (b) encourage and help the different hospitals with their planning and assist them with putting into action their plans for making dry runs which are required by the Joint Accreditation Commission for hospitals, (c) review and keep current the assignments of physicians and encourage the dental and nursing professions to do the same, (d) continue to work with TCD-5 to push through to completion aid station planning and trial runs, (e) complete the staffing pattern and training plans for the 200-bed Civil Defense Mobile Hospitals, (f) continue to encourage and stress further training of neighbor island doctors, and (g) continue our close cooperation and working with the military.

In conclusion I wish to express my sincerest gratitude to the members of this committee who patiently advised and guided the committee out of our fog of ignorance and confusion. I also wish to thank Mr. Itagaki for his help from FCD. And especially do I want to thank Dr. Richard K. C. Lee and his staff. Never have I worked with people who were so willingly cooperative and so prompt to act.

ISAAC KAWASAKI, M.D.

6. Report of Emergency Medical Service Committee: This has been accepted and placed on file.

(1) The reference committee recommends that the Emergency Medical Committee be appointed in order to assure the acquisition of members who are interested and cognizant of emergency medical care.

(2) It is recommended that the House of Delegates authorize the committee to act with full confidence and authority of the Hawaii Medical Association in time of disaster.

(3) That the House of Delegates authorize a member of this committee to serve as liaison to the Red Cross and that they designate how this liaison member be chosen.

(4) That the House of Delegates instruct the committee to:

(a) Concentrate its efforts on providing medical leadership.
(b) Working closely with the Dental Society and the Nurses Association.
(c) Encourage and aid the different hospitals with their emergency planning and assist them in planning and performing dry runs which are required by the Joint Accreditation Commission for Hospitals.
(d) To constantly review and keep current physician assignments and encourage the Dental and Nursing professions to do the same.
(e) To continue the work and push through the completion of aid station planning and trial runs.
(f) To complete the staffing pattern and training plans for the 200 beds Civil Defense Mobile Hospital.
(g) To continue our close cooperation with the Military.
(h) To continue to encourage further training of neighboring Island physicians.

The reference committee wishes to commend the Emergency Medical Service Committee for an excellent job and comprehensive report.

ACTION:

The Chairman moved the adoption of this report. Each of the four portions of this report were then considered separately. Dr. Lee said that after leaving the reference committee meeting he thought that perhaps election of members might be better. Dr. Yee said that he thought this matter should have been brought up in the reference committee meeting. Dr. Pinkerton elaborated on what had transpired in the reference committee and why they came to the conclusion that the members should be appointed. Dr. Yee told of the difficulties that had been experienced with the appointees who did not attend. Dr. Nesting said he thought it was much easier to replace a man who was appointed. Each portion of this section was acted upon separately. The motions were seconded and carried.

FEDERAL MEDICAL SERVICES COMMITTEE

This committee consists of seven Oahu members and three neighbor island members. Since May 8, 1957, up to March 20, 1958, a total of 25 meetings have been held. On at least three occasions a neighbor island representative or representatives have been present. One telephone conference with Maui, Hawaii, and Kauai has been held.

The purpose of this committee is to attend to all matters relative to Federal Medical and Surgical contracts and to endeavor to adjudicate matters relative to individual Medicare claims submitted by physicians and surgeons of the HMA.

In the function of determining whether certain procedures are compensable under Public Law 569 and whether the fee as requested by the physician is reasonable and just for certain unlisted items only partial success has been obtained. There is an area of intermediate zone where it is most difficult to decide whether certain procedures are elective or nonelective, and regarding fees it is at once obvious that a committee or board is at an extreme disadvantage in assessing an arbitrary value on a procedure as seen from afar objectively. Such acumen comes only with experience, but one can never place himself in the role of the physician or surgeon who has performed a given service and always come up with an equitable solution.

Our great problems continue to be in the field of Obstetrics-Gynecology, Psychiatry, and Consultation for any one system. Regarding the latter, certain system consultations apparently require more time than other system consultations, and frequent complaints have arisen over the arbitrary application of a set fee for *all* systems.

Relative to new contract negotiations the following information is available at this early date:

VETERANS CONTRACT: Due to Congress convening on January 1, 1958, it became obvious to our committee that some specific action should be taken on the Veterans Fee Schedule. It should be noted here that our late start last year as a committee resulted in late negotiations for new Veterans fees. It was felt at that time that fees which had been in existence since 1945 needed revision. The Veterans Administration in Washington informed us that because congressional appropriations had been made, no consideration could be given to new fees. It was for that reason that we urged specific statement from Washington that a specific date or deadline be set. This was done and the committee applied our relative value schedule to the Veterans format fee schedule. The Washington office of the Veterans Administration apparently believes these fees to be out of line somewhat and the local administrator has been ordered to make his own survey, particularly in the procedures most commonly performed by physicians in the community. They feel that the relative value schedule does not necessarily mean that such fees are being charged in the community. They also feel that the fees contained in the relative value schedule are probably not an accurate reflection of the fees charged on the neighbor islands. I wish to reiterate that, although the Veterans Administration has been most cooperative, they have also been firm in their stand to pay no more than the "going rate" in the community. Our committee feels that the Relative Value Schedule does quite accurately reflect the going rate in the community particularly in view of additional clerical work involved in all veteran cases.

MEDICARE: On November 6, 1957, our committee met with Colonel Earl C. Lowry, of the ODMC (Office of Dependents' Medical Care) of Washington. At this conference, which lasted six hours, various areas of misunderstanding were discussed and clarified.

Our committee is now engaged in the application of the Relative Value Schedule to the new Medicare format. This is an elaboration of the present schedule and although it poses more work for the committee it is believed that completion of it and adoption of it will smooth out many of our present difficulties. The new format contains all administrative data necessary for physicians, as well as blank spaces for a detailed breakdown of fees. The main contract comes up for negotiation in August, 1958. Our committee is already negotiating the psychiatric fee schedule prematurely at the request of ODMC. The ODMC has already informed us that they consider the psychiatric fees as submitted inordinately high and have asked for clarification of certain items. It is hoped that a successful negotiation and application of our requested fees can be consummated.

I should like to personally thank all members of this committee. They have labored most diligently and conscientiously to insure the smooth working of a program which we believe has operated quite smoothly, and which we hope will in the near future have most of its inadequacies and doubts eliminated.

The committee feels that the present Federal Medical Services Committee should be kept intact until the new contract is negotiated. They also feel when the contract is negotiated, experienced personnel should be utilized.

O. D. PINKERTON, M.D.

7. *Report of the Federal Medical Services Committee:* This report and the addendum has been accepted and placed on file.

It is recommended that this committee be empowered to continue negotiations for fees and coverage with the Veterans' Administration and the Office for Dependents' Medical Care.

Your reference committee recommends that the House of Delegates of the Hawaii Medical Association approve of the Federal advancing of money to the Hawaii Medical Service Association to pay for physicians' services rendered under the Medicare Program. The committee notes that approval for the advancing of money has already been obtained from the Federal Government but it cannot be made available unless the approval of the Hawaii Medical Association has been obtained. The Council of the HMA has given its approval for this advancement of money.

Reference committee wishes to call to the attention of the House of Delegates the amount of time and work devoted to this imported aspect of medical care, and commends the committee highly for its excellent work.

The reference committee acknowledges with gratitude the interest, comments and suggestions of those who attended its hearings.

ACTION:

Mr. President, I move the adoption of this portion of the report. Each of the three sections of this report were then considered separately. Dr. Fernandez asked if hospitals could be paid out of the funds advanced by the Federal Government and was advised that they could not. Dr. Yee gave special commendation to the outstanding work of this committee. The motions were seconded and carried.

ACTION:

The Chairman moved adoption of this report as a whole.

The motion was seconded and carried.

* * *

The President called for the report of Reference Committee No. 2—Parliamentary Affairs.

The chairman of this reference committee, Dr. Morton E. Berk, took the floor and read as follows:

REFERENCE COMMITTEE ON PARLIAMENTARY AFFAIRS

REPORT OF THE SECRETARY

The total membership of the Association, in all classes, as of April 1, is 568, of which 490 (37 more than last year) are regular dues paying members. By counties the membership is made up as follows:

	REG.	ASSO.	RET.	LIFE	MILT.	HON.	INAC.	TOTAL
Hawaii	49	—	—	—	1	3	2	55
Honolulu	397	41	3	12	6	9	—	468
Kauai	12	—	—	—	—	—	—	12
Maui	32	—	—	1	—	—	—	33
	490	41	3	13	7	12	2	568

The total number of physicians licensed to practice medicine in the Territory of Hawaii as of April 1, 1958, is 792, of which 608 reside in the Territory.

As of the end of December, 1957, we have 444 active members in the AMA.

The consistent reporting of members would be greatly facilitated if all county societies would adopt similar classification systems. Classifications which would fit into the AMA classifications would be most suitable.

The following classifications are recommended for consideration by the House of Delegates:

ACTIVE—covering all doctors of medicine who are licensed in the Territory of Hawaii and who are entitled to exercise the right to vote and hold office including:

(1) All dues paying members
(2) All members whose dues are wholly or partially waived for
 (a) Pecuniary circumstances
 (b) Military service
 (c) Retirement
 (d) Length of membership
 (e) Age
 (f) Absence from geographic area of component society.

INACTIVE—covering all candidates who are not eligible for active membership including:

(1) Honorary members
(2) Career Service Officers
(3) Residents and Interns
(4) Physicians holding temporary licenses.

In addition to simplifying membership reports, the adoption of the above classifications by all component societies would assure the doctors of uninterrupted AMA status.

SATORU NISHIJIMA, M.D.

1. *Report of the Secretary:* Your committee received the report of the Secretary and is gratified to note that there are 37 more members than last year. It is in agreement with the recommendations for classification of the active and inactive status as recommended by the Secretary.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

TREASURER'S REPORT

The General Fund as of February 28, 1957, was $19,782.17, which included cash on deposit in savings and loan associations, cash on hand in the bank, inventory, liabilities, furniture, etc. During the year the deposit with the American Savings and Loan Association exceeded the insured amount and so $2,500.00 was transferred to the Territorial Savings & Loan Association.

The 1957-58 budget anticipated deficit spending in the amount of $2,350.00. By exercising great care and by foregoing many necessities we were able to operate the full year without drawing any money out of the savings accounts. However, in the best interests of the Association it is recommended that this parsimonious program be discontinued. The anticipated income from the 1958 Summer Conference plus the adoption of the new fiscal year should present a sound financial picture for 1958. The anticipated increase in dues, which would not become effective until 1959, should insure continuing financial soundness.

Because the auditor's report was not available at the time this report was due, the figures shown as actual expenses are subject to revision at the time of the annual audit.

The General Fund can only be estimated at this time. Subject to revision, it is $20,085.49, a slight increase over last year which is accountable mostly to the interest income accrued during the year.

The budget which follows was approved by the Council at its meeting of February 27 with one exception. I have arbitrarily made a downward revision of the anticipated net income due from the 1958 Summer Medical Conference in view of subsequent developments.

There is no provision in this budget for anticipated changes if the joint committee recommendations are adopted.

Following the budget figures is a resume of the detailed report given the Council in February. If the reference committee to which this is referred is desirous of obtaining further information, I should be happy to appear before them at their convenience.

Since Mr. Hough's services as auditor have been most satisfactory, it is recommended that his services be retained. I should like to take this opportunity to express my thanks to him for the great amount of extra time which he has spent, without charge, in instructing the several different bookkeepers who were hired by the Association.

INCOME	BUDGET 1957-58	ACTUAL FIGURES†	BUDGET 1958-59
Dues	$11,325.00	$11,556.25	$12,500.00
Journal Advertising	20,000.00	26,994.69	27,000.00
Subscriptions & Sales of Journal	2,400.00	2,549.34	3,450.00
Annual Meeting	2,500.00	289.91	see below
Annual Meeting Registration			2,700.00
Annual Meeting Exhibitors			2,700.00
Interest	525.00	563.67	600.00
Miscellaneous	975.00	375.47	250.00
Travel		658.39	
Summer Medical Conference			5,000.00
	$37,725.00	$42,987.92	$54,200.00

† Subject to audit.

EXPENSES			
AMA Convention	$ 2,500.00	$ 2,474.79	$ 2,200.00
Audit & Legal	235.00	235.00	100.00
Automobile Expense		350.00	600.00
Annual Meeting, Miscellaneous			350.00
Annual Meeting Exhibitors			1,600.00
Journal	22,400.00	20,385.38	27,510.00
Library	100.00		100.00
Miscellaneous	850.00	308.93	300.00
Postage	275.00	275.32	300.00
Rental	1,850.00	1,848.00	1,850.00
Salaries	8,700.00	8,265.39	8,700.00
Supplies	350.00	337.38	400.00
Furniture & Fixtures	50.00	.62	1,000.00
Taxes	315.00	221.88	315.00
Telephone & Telegraph	600.00	466.61	500.00
Travel	1,055.00		1,100.00
Health Education	800.00	795.77	700.00
Donations	129.00		75.00*
Entertainment		21.75	100.00
Insurance		20.00	100.00
Subscriptions & Dues		174.70	150.00
Woman's Auxiliary			1,000.00
Summer Medical Conference			500.00
	$40,080.00	$36,310.52	$49,550.00

* To include Science Fair.

EXPLANATION

Income

Dues: Figured on the basis of 500 @ $25.00 (10 more than last year).

Journal: Advertising income should be about the same. The subscription income is higher due to the fact that the nurses did not pay last year and will pay this year. They also anticipate an increase in membership.

Annual Meeting: The figure is broken down for the first time into two categories.

Miscell.: Based on previous experience. Last year's figure was off due to a credit applied to the travel account in error.

Summer Medical Conference: Based on a registration of 200 doctors.

Expense

AMA Convention: Includes first-class, round trip fares and expenses for delegate and alternate at spring meeting and tourist-class, round trip fare for executive secretary. Fall meeting is scheduled only for regular delegate. Expenses are included.

Audit: Includes a $25.00 increase.

Automobile: This has been taken out of miscellaneous expense as of August 1.

Annual Meeting: This has been broken down. Miscellaneous will include printing, etc. Exhibitors will include cost of tent and percentage due Mabel Smyth Building.

Journal: Per issue cost has been pared down from $4,434.66 to $3,403.47. However, we were not in a position to pay the last printing bill prior to the close of the fiscal year and so 7 issues will be paid for in the coming year.

Library: Standard contribution which was charged in error to donations last year.

Miscellaneous: Based on previous experience.

Postage: Slight increase to cover more mailings.

Rental: No change.

Salaries: No change. A saving was effected last year by employing lower priced help.

Supplies: Slight increase due to increased costs and curtailed purchases last year.

Furniture and Fixtures: Covers replacement of worn out equipment.

Taxes: Based on salary estimate.

Telephone and Telegraph: Slight increase to cover intercom installed also to cover anticipated increase in long distance calls with president's residence on Hawaii.

Travel: Covers four Council meetings and President's visits.

Health Education: Covers $50.00 a month for newspaper ads and $100.00 for incidental expenses.

Donations: New category.

Entertainment: New category to be spent at President's discretion.

Insurance: New category.

Subs. and Dues: New category.

Woman's Auxiliary: Based on $5.00 for 200 registrations for Summer Conference.

Summer Medical Conference: To cover contingencies.

E. F. CUSHNIE, M.D.

2. *Treasurer's Report:* Your committee received the report of the Treasurer and accepts the income and expenses as given by the Treasurer. We recommend that the HAWAII MEDICAL JOURNAL bookkeeping be separated from that of the Hawaii Medical Association. This will then give a clearer picture of the financial status of the Association as well as of the JOURNAL.

ACTION:

The Chairman moved the adoption of this portion of the report. Dr. Fleming asked if the report had been audited and was advised negatively. Dr. Fleming amended the motion to accept the report after it has been properly audited. The amendment was seconded and carried. The amendment was accepted, the amended motion was seconded and carried.

RESOLUTION—DELINQUENT DUES

WHEREAS, The Hawaii Medical Association does not have a specific date upon which members' dues become delinquent; and

WHEREAS, A delinquent date is desirable in all dues-paying organizations; therefore be it

Resolved, That members will henceforth be considered in arrears if their dues are not received by the Hawaii Medical Association treasurer prior to 90 days after the beginning of our fiscal year.

3. *Resolution regarding date of delinquency HMA dues:* Your committee received a resolution in regard to a delinquency date being set for HMA dues. This apparently was in error, since Dr. Cushnie says that he did not submit it. Therefore, no action is necessary, and the resolution is void for lack of sponsorship.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

ARRANGEMENTS COMMITTEE

About a half dozen meetings were held between September, 1957, and March, 1958. Final plans for the HMA meeting on May 1-4 were approved at the last meeting in March.

The program will be published in the March-April issue of the HAWAII MEDICAL JOURNAL. The committee hopes it will meet with the approval of the members.

Addendum by Chairman of Sub-Committee in Charge of Exhibits

This year arrangements for exhibits were handled by Miss McCaslin and Dr. Izumi because programs of former years handled by Mrs. Bennett were not available. In order to simplify matters meetings were held with representatives of the pharmaceutical firms and with Mrs. Storme at which time arrangements for assignments of space, charges, and financial responsibility were decided upon. This year's number of exhibitors far exceeds past experience and we have had to make arrangements for renting a tent which will extend from the lanai. The tent has necessitated special security measures.

A summary of the experiences and recommendations will be prepared at the end of the meeting for reference and guidance of future committees.

SATORU NISHIJIMA, M.D.

4. *Report of Arrangements Committee:* Your committee received the report of the Arrangements Committee and wishes to point out to the House the tremen-

dous amount of work involved in setting up this meeting and believes the committee is deserving of a vote of commendation.

ACTION:

The Chairman moved the adoption of this portion of the report.
The motion was seconded and carried.

SCIENTIFIC PROGRAM COMMITTEE

The scientific program for the 1958 annual meeting promises to be an outstanding one. Symposia will be held on recent developments in medicine, surgery, and pediatrics.

A presentation demonstrating present-day methods in psychiatry will also be included.

In conjunction with the postgraduate lectures arranged by the Honolulu County Medical Society, two eminent Mainland obstetricians will participate with lectures in this field.

Lastly, a panel headed by Dr. G. M. Halpern will present photography as a tool in the professional life and a hobby in the private life of the physician.

W. J. Holmes, M.D.

5. *Report of Scientific Program Committee:* Your committee received the report of the Scientific Program Committee. We would like to suggest that whenever possible, if a mainland speaker is on the program, no intermission be called before the rest of the scientific program is presented. This will tend to hold a larger audience.

ACTION:

The Chairman moved the adoption of this portion of the report.
The motion was seconded and carried.

RED CROSS

I have been unable to attend any of the Red Cross meetings inasmuch as they are always scheduled for three in the afternoon. I would suggest that the House of Delegates investigate the purposes and need for this representation and make recommendations.

Andrew Morgan, M.D.

6. *Report of Representative to Red Cross:* Your committee has received the report of the Representative to the Red Cross Committee and has investigated the purposes of the general Red Cross Committee and has determined that the purposes of the Red Cross are to finance disasters which do not come under the jurisdiction of the Civilian Defense Committee of the community. It was further pointed out that they do and that they would like to have a representative of the practicing medical profession represented on this committee. There are problems which include remuneration to doctors which can best be determined by a representative of the medical profession. It has further pointed out that it may be time consuming for such a committee meeting and that possibly more than one person should be appointed to this committee and that those who are appointed should be willing or able to devote the time. It is further recommended that if possible the member so delegated to act for the Medical Association be the Vice Chairman of the Emergency Service Committee and a second person to act as an alternate in his absence.

ACTION:

The Chairman moved adoption of this portion of the report.
The motion was seconded and carried.

PERSONNEL

The personnel committee which was established in 1956 has never been called upon to act.

Harry L. Arnold, Jr., M.D.

7. *Report of Personnel Committee:* Your committee has received the report of the Personnel Committee. We have studied this report and since this committee has never been called upon to act it recommends that the officers of the HMA residing in Honolulu act to handle any personnel problems which might arise.

ACTION:

The Chairman moved adoption of this portion of the report.
The motion was seconded and carried.

PROPOSED CHANGES IN BYLAWS

The Council recommends the following:

Joint Committees: If the report of the committee appointed to investigate joint committees is adopted, provisions for these committees will have to be made in the bylaws.

House of Delegates: If the reference system is adopted for the House of Delegates, it will be necessary that bylaws be made governing this system and regulating the tenure of office.

Roster of Physicians (Chapter I, Section 9, Division C): It is proposed that the word "licensed" be inserted between nonaffiliated and physicians.

Ratio of Delegates (Chapter IV, Section 1, Division 1): It is proposed that the word "active" be inserted between the words twenty-five and members.

Dues (Chapter IX, Section 1): It is proposed to change the annual dues to $35.00 a year.

Fiscal Year (Chapter X): It is proposed to change the fiscal year to coincide with the calendar year instead of from March through February.

The current method of collecting AMA dues is not only confusing and cumbersome but it is not in line with the usual collection methods practiced on the Mainland. Inasmuch as a doctor cannot be a member of the AMA unless he is a member in good standing with his county society, the Council recommends the AMA dues should be collected by the County Society and transmitted along with the regular territorial dues.

8. *Letter of February 28, 1958 to County Presidents on Bylaws:* Your committee has received the letter of February 28, 1958 to County Society Presidents concerning Bylaws changes and HMA dues. This committee approves of the recommendations of the Council with the following exceptions:

(a) in Chapter I, Section 9, Division "C" we recommend that "C" be deleted entirely.
(b) in Chapter IX, Section 1, which sets the dues for the HMA, should be deleted and the amount of the dues be determined from time to time by the Council.

ACTION:

The Chairman moved adoption of this portion of the report.

The two exceptions noted in this recommendation were considered separately. With reference to the first, Dr. West moved that the recommendation have the word "division" deleted. Dr. Berk accepted this recommendation and amended his motion to conform. The amended motion was seconded and carried.

Dr. West said there should be something in the bylaws about dues and that only the amount should be deleted. A lengthy discussion followed. The recommendation was reworded as follows: "The amount of $25.00 should be deleted and in its place should be inserted "the amount of the dues shall be determined from time to time by the Council, subject to ratification of the House of Delegates," changing Chapter IX, Section 1, to read: "The amount of the annual dues shall be determined from time to time by the Council, subject to ratifications by the House of Delegates, and shall be collected from each component society." After polling his committee, Dr. Berk reworded the motion as recommended by Dr. West. The amended motion was seconded and carried.

Dr. Berk moved that the dues be raised to $35.00 a year. The motion was seconded and carried.

RESOLUTION

WHEREAS, The Hawaii Medical Association does not at the present time have a standing Bylaws and Parliamentary Procedure Committee; and

WHEREAS, Such a committee should contribute to the smooth running of the affairs of the Association; therefore be it

Resolved, That the House of Delegates go on record as recommend-

ing that the incoming president and every succeeding president of the Hawaii Medical Association appoint a Bylaws and Parliamentary Procedure Committee whose duties shall be to review the bylaws and to make recommendations to the House of Delegates.

SATORU NISHIJIMA, M.D.

9. *Resolution regarding appointment of Bylaws and Parliamentary Committee:* Your committee has studied the resolution submitted by HMA Secretary, Dr. Satoru Nishijima, and recommends the adoption of this resolution. We would further recommend that this committee be appointed for a two year term, half of the committee to be retired each year.

ACTION:

The Chairman moved adoption of this portion the report.

The motion was seconded and carried.

COMMITTEE ON FORMATION OF REFERENCE COMMITTEES

The House of Delegates of the HMA has always conducted its business at the annual meetings by hearing, or in recent years reading, the reports of the various standing and ad hoc committees of the Association and voting to "accept" them. It has frequently been unclear whether such acceptance implied adoption of such recommendations as they might contain. Controversial matters have often been badly bogged down by general discussion in this large group.

Two years ago it was suggested that the business of the House might be more efficiently conducted, and its actions clarified, if such business were to be considered initially by reference committees similar to those used to initiate the business of the House of Delegates of the AMA. The matter has been under study since that time, first by Dr. Izumi, who reported to the House at the Kauai meeting in 1957, and second by your present committee.

Your committee makes the following recommendations:

1. That four Reference Committees be appointed by the President from among the members of the House of Delegates of the HMA, well in advance of the forthcoming annual meeting, as follows:

1. Insurance and Medical Service
2. Public Health
3. Parliamentary Affairs
4. Miscellaneous Business

and that these same four committees, or an additional one if experience so indicates, be appointed annually by the President or other designated person.

2. That each committee consist of a chairman and two members, a total of three.

3. That the President (or other designated person) refer to these committees, well in advance of the annual meeting, the various committee reports on which the House of Delegates is expected to act, approximately as follows:

A. Insurance and Medical Service: Emergency Medical Service, Federal Medical Service, Mental Health, Heart, Cancer, Diabetes, Tuberculosis, Hansen's Disease Board.
B. Public Health: Legislative, Health Education, Maternal and Child Health, Crippled Children's Bureau, Radium, Venereal Disease.
C. Parliamentary Affairs: Joint Committees Investigation, House of Delegates Reference Committees, Arrangements (annual meeting), Nominating.
D. Miscellaneous Business: Hawaii Summer Conference, Physicians' Aid, Mabel Smyth Board, Woman's Auxiliary, Hawaii Medical Journal.

4. That these committees be charged with the duty of convening at the beginning of the annual meeting for which they are appointed; of studying each committee report (or other item of business) referred to them; of questioning such persons (the committee chairmen, for example) as may have light to cast upon the issues involved; and of preparing a report for oral presentation to the House of Delegates for action on each item and on the report as a whole.

5. That such reports should either comment briefly on the committee report concerned and state that no action is required, or alternatively recommend approval, disapproval, or amendment of any specific actions recommended by the report under study. In the case of ad hoc committees the reference committee report should specify whether or not the committee is to be discharged.

6. That the House of Delegates initiate the necessary procedures to increase the term of office of its members and alternate members from one year to either two or three years, preferably three, with election of delegates, where possible, on a staggered basis: one-third for three, one-third for two, and one-third for one year in December, 1958, and one-half for two years annually thereafter.

7. That consideration be given to the election, at intervals of three years, of a speaker and vice-speaker of the House of Delegates, whose duty it would be to appoint the reference committees, and their chairmen, and to assign reports and resolutions to them for consideration.

8. That any business referred to the House of Delegates be first assigned by the President (or the Speaker, if one is named) to an appropriate reference committee for its recommendations for action by the House. Direct action by the House without prior reference to a committee can be taken only by unanimous consent of the delegates present and voting.

9. That attendance at reference committee meetings, in keeping with the practice of the AMA, be open to non-members as well as members, and even to laymen, at the discretion of the chairman.

10. That this report be implemented by the President at the 1958 annual meeting for a trial run, and also referred to the Reference Committee on Parliamentary Affairs for discussion and recommendations for further action by the House of Delegates.

HARRY L. ARNOLD, JR., M.D.

10. *Formation of Reference Committees report:* Your committee has studied the recommendation of the Formation of Reference Committees report. We recommend the adoption of this procedure for the HMA. We would like to make the following changes in the recommendations:

(1) that an additional committee known as the Reports of Officers and Finances be included as a fifth Reference Committee, and furthermore such other committees as may be deemed necessary from time to time be included.
(2) the deletion of paragraph (2). We recommend that the number of members of the committee be determined by the President.
(3) that paragraph (6) be changed to increase the term of office of the delegates or alternate delegates from one year to at least two years with election of delegates where possible on a staggered basis.
(4) delete paragraph (7). We recommend that the President assume the responsibility of appointing the Reference Committees.
(5) delete reference to "Speaker" in paragraph (8).

This committee furthermore would like to wholeheartedly commend this committee for the hard work which was involved in setting up this plan.

ACTION:

The Chairman moved adoption of this portion of the report.

Each of the five sections of this portion of the report were considered separately. The motions were seconded and carried.

COMMITTEE TO STUDY JOINT COMMITTEES

This is the annual report of the ad hoc committee appointed to solve the problems of joint committees. Two meetings were held, one in June and a second in September, 1957. The committees concerned were the Legislative, Postgraduate, and Public Service, and their problems were many.

The detailed report of the findings and recommendations of this committee, which follows, was submitted to the President on October 17, 1957. Upon completion of the duties and submission of the report, the ad hoc committee ceased to exist.

The following report is submitted in outline form in which we present the problem and our recommended solution.

PUBLIC SERVICE COMMITTEE

Problem: The main problem is conflict of interest between the County and the Territorial Committees. After research and deliberation it is the committee's finding that the County Public Service Committee has motives and objectives at variance with those of the Territorial (Joint) Committee. It is further noted that the Territorial Committee has no prescribed duties and any benefits that can accrue to the profession can best result from the Public Service Committee operating at the County level.

Solution: It is therefore the committee's recommendation that the Public Service Committee of the Hawaii Medical Association be abolished.

LEGISLATIVE AND POSTGRADUATE

The ensuing comments are applicable to both of these committees which we feel should continue as Hawaii Medical Association entities.

Problem: There is frequently doubt as to the status of Joint Committees. Are they representative of County Societies or the Territorial Association?

Solution: (1) Joint Committees (Legislative and Postgraduate) are, and shall henceforth be, representative of the Hawaii Medical Association. Their duties and responsibilities should therefore be prescribed by the Association. (2) These committees should submit their reports to the President of the HMA with certified copies to each County society at the end of the committees' fiscal year, which is December 31. (3) The committees concerned are directly responsible to the President of the HMA (who is responsible to the House of Delegates, the members of which are responsible to the County Societies).

Problem: Joint Committees are not actually "joint" because the members are appointed to them by County and Territorial appointing authorities, each acting independently of the other and at different times during the year.

Solution: (1) The appointing authorities for Joint Committees should be the presidents of the component societies who are in office after the December meeting of the respective societies. (2) All appointments should be made in the month of December so that members may take office on January 1.

Problem: The committees concerned (Legislative and Postgraduate) require time for long range planning and therefore tenure of office of their members should be longer than one year.

Solution: All members of Joint Committees should be appointed to serve a term of four years, except as provided below for the initial appointment under these new provisions. (2) Fifty per cent of the Joint Committees' membership from Honolulu County Medical Society should be appointed in December, 1957, by the Society's then president to serve four years and the balance to serve two years. The member and alternate from the other county societies should be appointed in December by their presidents to serve four years. This procedure provides for staggered terms for the majority members of the committees thereby providing the desired continuity.

Problem: County Societies other than Honolulu are not always represented and/or are not always informed of said committees' meetings.

Solution: The majority of the committees' membership should be secured from the Honolulu County Medical Society with a member and an alternate from the other component societies. All members should be informed of the meetings by the respective chairman. Minutes are to be circulated to all members whether present at the meetings or not.

* * *

The Hawaii Medical Association and its component county societies should therefore amend their bylaws to achieve the principles outlined above. The legality of "appointment" versus "election" of members to Joint Committees will be determined by the proper authorities of the HMA.

Thanks and appreciation are expressed to the members of the ad hoc committee and to the executive secretary.

EDWIN K. CHUNG-HOON, M.D.

11. *Report Ad Hoc Committee to study Joint Committees:* Your committee has studied the report of the Ad Hoc Committee appointed to study Joint Committees. We recommend the following changes:

(1) that the Public Service Committee and the proposed Medical Legal Committee be abolished as separate entities. There should be a committee called "The Legislative and Public Service Committee" with two sub-committees: one of which would be a Public Service Committee and the other of which would be a Medical Legal Committee. It is further recommended that any funds in the name of the Public Service Committee at this time be transferred to the total Legislative and Public Service Committee.

(2) It is recommended that the Postgraduate Committee be abolished on a Territorial level and that in its stead the Honolulu County Medical Society be responsible for this function. A liaison member from each County Medical Society should be appointed by the President of that County and this member should then be apprised of the plans as they are formulated.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

RESOLUTION TO SUPPORT JENKINS-KEOGH BILL

WHEREAS, The Jenkins-Keogh legislation to permit the self-employed to make tax deferred contributions to retirement funds did not win approval during the 1957 session of Congress, and

WHEREAS, Its sponsors have high hopes that it will win approval in the House Committee during 1958, and

WHEREAS, We of the Medical Profession recognize the importance of proper lobbying and persistence in arousing and rallying support from other affected groups in order to induce earlier action on the Bill; now therefore be it

Resolved that the House of Delegates of the Territorial Medical Association plead with our Delegate to Congress, the Honorable John A. Burns to do everything possible to urge passage of the Jenkins-Keogh Bill in this session of Congress; and be it further

Resolved that a copy of this resolution be transmitted by this body to the Territorial Dental Association, the Bar Association of Hawaii, the Realty Board of the Territory of Hawaii, the Association of Insurance Underwriters, the Association of Investment Business, the Small Businessmen Association, and other self-employed groups.

EDMUND L. LEE, M.D.

RESOLUTION TO BOTH REPUBLICAN AND DEMOCRATIC POLITICAL PARTIES

WHEREAS, It is generally recognized that the Omnibus Tax Bill passed by the 29th Territorial Legislature hit the higher income brackets to which the self-employed groups mostly belong, and

WHEREAS, The employees of corporations, City and County and Territorial Governments enjoy exemptions from taxes derived from profit sharing, retirement benefits, pensions and other annuities in the said Tax Bill, and

WHEREAS, 1958 is the election year of the Territory of Hawaii, and members of both political parties are anxious for our votes, now therefore be it

Resolved that the House of Delegates of H.M.A. go on record in favoring a platform adopted by one or both political parties who will sponsor a bill similar in nature as the Jenkins-Keogh Bill in the 30th Territorial Legislature, and be it further

Resolved that a copy of this resolution be transmitted by this body to both the Republican and Democratic Political Parties, the Territorial Dental Association, the Bar Association of Hawaii, the Realty Board of the Territory of Hawaii, the Association of Insurance Underwriters, the Association of Investment Business, the Small Businessmen Association, and other self-employed groups of the territory, in whose power lies the election of suitable candidates to the Territorial Legislature.

EDMUND L. LEE, M.D.

RESOLUTION TO REVAMP LEGISLATIVE COMMITTEE AND TO APPROPRIATE FUNDS

WHEREAS, 1958 is election year and for competence in organized lobbying in this session of the Territorial Legislature there must be adequate funds, and

WHEREAS, In the present Budget of the Hawaii Medical Association as approved by the Council there is no appropriation for the Legislative Committee, now therefore be it

Resolved that the House of Delegates of the H.M.A. request the Treasurer to set aside $1000 or more for the exclusive use of the Legislative Committee; and be it further

Resolved that a revamping of the H.M.A. Legislative Committee is in order, and that the said committee should be separated from the Postgraduate Committee for the purpose of coordinating with the identical committee of the Honolulu County Medical Society so as to perform its duties in the most effective and efficient manner.

EDMUND L. LEE, M.D.

12. *Three resolutions presented by Dr. Edmund L. Lee:* Your committee has studied three resolutions presented by Dr. Edmund L. Lee. Your committee recommends the adoption of all three resolutions.

ACTION:

The Chairman moved adoption of this portion the report.

The motion was seconded and carried.

ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY (supplementary)

Your committee learned on April 26 of the decision of the Hawaii County Woman's Auxiliary to withdraw from the Territorial organization and to continue to function independently as a social organization. We regret the loss of their participation in Territorial and National Auxiliary projects, but recommend that no action be taken by either the HMA or our Auxiliary at this time.

H. M. IZUMI, M.D.

13. *Supplementary report of the Advisory Committee of the Woman's Auxiliary:* Your committee has read with interest the supplementary report of the Advisory Committee of the Woman's Auxiliary and agrees with the recommendations of the committee.

ACTION:

The Chairman moved adoption of this portion of of the report.

The motion was seconded and carried.

14. *Certain portions of the minutes of the Council Meeting of April 30, 1958:* Your committee studied the Minutes of the Council Meeting of April 30 and approves of the actions referred to it.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

15. *Recommendations in regard to effecting changes in the Association's Bylaws:* This committee recommends that the Bylaws be changed to authorize the House of Delegates to legislate and make amendments to the Bylaws. This would clarify this section of the HMA Constitution and Bylaws.

Your Chairman wishes to acknowledge the diligent cooperation of the members of the committee: Drs. James Mitchel, Takeo Fujii, K. S. Tom. Furthermore, the committee expresses its gratitude to all those who

participated in our discussions and aided in preparing this report.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

The Chairman moved adoption of this report as a whole.

The motion was seconded and carried.

* * *

The President called for the report of Reference Committee No. 3—Public Health.

The Chairman of this reference committee, Dr. M. M. Hasegawa, took the floor and read as follows:

REFERENCE COMMITTEE ON PUBLIC HEALTH

Your reference committee considered the following items:

CHRONIC ILLNESS COMMITTEE

The Chronic Illness Committee in its status as an advisory committee has not been called to act upon anything and, therefore, held no meetings during the year.

GEORGE MILLS, M.D.

1. *Report of Chronic Illness Committee:* The Chronic Illness Committee report has been received. While no meetings were held during the year, it was recommended that the committee be continued, as chronic illness is an increasing medical problem throughout the country.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

RADIUM COMMITTEE

As chairman of the Radium Advisory Committee I would like to report that during the year of 1957-58 no problems occurred, none were apparent on review of the previous actions of this committee, and hence no meetings were held.

GEORGE W. HENRY, M.D.

2. *Report of Radium Committee:* Your committee feels that the Radium Committee should be expanded to include radiology and other radioactive devices and recommends closer liaison with the Board of Health.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

ADVISORY COMMITTEE TO THE BUREAU OF VENEREAL DISEASE

The Venereal Disease Committee has held no meetings in 1957 and has found no major problems and therefore has no report or recommendations.

C. V. CAVER, M.D.

3. *Report of Advisory Committee to the Bureau of Venereal Disease:* The report of the Advisory Committee to the Bureau of Venereal Disease has been received and accepted. We recommend that this committee be continued, and recommend further that the committee work in closer liaison with the Board of Health and suggest at least one annual meeting with that organization.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

COMMITTEE TO REVIEW THE HAWAII MEDICAL PRACTICE ACT

This is a progress report from the committee reviewing the Hawaii Medical Practice Act. After considerable discussion among the members of the committee from Oahu, two very constructive recommendations were brought forth: (1) All diplomates of the National Board of Medical Examiners should apply for their Territorial Licenses within ten years after graduating from medical school, and (2) mandatory temporary registration of all medical doctors in the Territory who are not licensed to practice medicine but who are working under the supervision of another doctor. This latter provision was made to cover all doctors practicing under supervision such as interns and residents in the hospitals. A fee of $5.00 annually was suggested for temporary registration.

On recommendation made by Dr. Richard K. C. Lee it is the opinion of the committee that the definition of the practice of medicine should be studied and possibly changed to comply to the modern medical practice act.

A new program for the evaluation and licensing of foreign physicians based on education, command of English, and knowledge of medicine was announced recently by Dr. David B. Allman, President of the AMA. Graduates of foreign medical schools who wish to practice or take advanced training in the United States are to be evaluated by the recently organized Educational Council for Foreign Medical Graduates. This Council is at the present time setting up qualifications and if possible will go into effect on January 1, 1960. I am in the process of getting detailed information on this plan from the Council.

The committee would like to have the approval of the House of Delegates to pursue the foregoing objectives during the coming Legislature through the Legislative Committee.

B. ALLEN RICHARDSON, M.D.

4. *Report of Committee on Hawaii Medical Practice Act:* Your committee notes the report of the committee appointed to review the Hawaii Medical Practice Act. It is in accord with the report of the committee but takes exception to the first of the two recommendations—that pertaining to diplomates of the National Board of Medical Examiners being required to take their territorial licenses within ten years after graduating from medical school. Your committee believes that present Territorial laws are adequate and that the above recommendation would tend to be unnecessarily restrictive and therefore recommends deletion of this portion of the report. In this particular regard, your committee recommends that this recommendation be returned to the committee for further study.

ACTION:

The Chairman moved adoption of this portion of the report.

Dr. Randal Nishijima asked what was the intent in the reference committee's taking exception to the recommendation with reference to diplomates of National Board of Medical Examiners. Dr. Wilkinson explained that they were afraid that people who had taken their examinations many years before would feel it was a slap in the face to have to take their boards over again. It was pointed out that medical practice should be relatively continuous over the period since the doctor had passed his boards. Dr. West said you could require an oral examination to determine if they had kept up in their practice. It was thought that maybe something should be done but the 10-year stipulation might be inadvisable. The motion was seconded and carried.

HEALTH EDUCATION COMMITTEE

This committee again concentrated on television programs. This completes the fourth year of monthly programs. Several committee members have served for the full time. Although there has been a turnover, some continuity of membership has been necessary. This is a new field all over the county; i.e., health education via TV. Therefore, the committee has gained its experience by doing. The TV station (KONA) is aware of a gradually growing audience and has been generous with public service time. Clarence Chun, program director of KONA, has been very patient and capable. Jeanne Paty, as consultant on techniques of presentation, has arranged for visual aids with Tom Fujise, an artist with the Department of Health. Miss Paty's assistance has been invaluable.

Occasional "feelers" have been sent out to see what kind of audience we are reaching. For instance, we have offered free booklets if the viewer will call the station. These offers always bring on a rash of telephone calls. This was particularly evident with the program on the tranquilizers when the free booklets were provided by the Mental Health Association. Even the Hawaii Medical Association office received requests for the booklet following the program, which indicates that the public is well aware of the sponsorship of the programs.

Almost the entire budget which is provided to the committee is spent

for the single announcements of the forthcoming programs which run in three newspapers.

The following programs were presented between May, 1957, and May, 1958:

May 29, 1957: Arthritis—Dr. George W. Henry, Dr. Andrew C. Ivy, Jr., Dr. Ichiro Nadamoto, Dr. Warren L. H. Wong
June 26: Spare Parts—Dr. O. D. Pinkerton, Dr. Edward Lau, Dr. Merton Mack, Dr. Leon Mermod
July 29: Tune In To Health—Dr. William F. Moore, Jr., Dr. Allan H. H. Leong
August 24: First A Physician—A film presentation
September 29: Alcoholism—A Disease—Dr. Thomas S. Min, Dr. Pershing Lo, Dr. Frederick M. K. Lam, Dr. Fred I. Gilbert, Jr.
October 21: The Silent Invader (Asian Flu)—Dr. Samuel L. Yee, Commentator
January 21, 1958: Cost of Hospital Care—Sister Maureen, Mr. Kenji Goto, Miss Frances Alexander, Dr. Sumner Price
March 13: Tranquilizers—Help or Hindrance—Dr. Francis Won, Dr. Robert Spencer, Dr. Kenneth Rusch, Dr. Duke Cho Choy

The programs scheduled for April and May will be on pregnancy and delivery. Drs. Bautista, George Goto, Kenneth Ho, and Wyatt will be the participants on the first program and Drs. Lambert, Gail Li, Ogami, and Ballard will be on the second program.

KATHERINE J. EDGAR, M.D.

5. *Report of Health Education Committee:* The report of the Health Education Committee was received and accepted. This committee has been functioning with extreme effectiveness in scope as recommended in the original intent and should be commended for the valuable services to the community and the fine public relations work for the Association.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

POLIO COMMITTEE

The Polio Committee had one meeting on August 19, 1957.

It was the unanimous opinion of the doctors who attended this meeting that we recommend to all the constituent county societies that a policy be followed whereby everyone would be encouraged to receive his polio immunization through his personal physician and that proper facilities be arranged so that all medically indigent would have the medical personnel available for the administration of the vaccine without charge.

JOHN M. FELIX, M.D.

6. *Report of Polio Committee:* The report of the Polio Committee has been received and accepted. We are wholeheartedly in accord with their opinion.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

ADVISORY COMMITTEE TO THE BUREAU OF CRIPPLED CHILDREN

The Advisory Committee to the Bureau of Crippled Children met just once during the 1957 year. The following are the minutes of this meeting. The Chairman does not feel there are any items on which the House of Delegates should take action.

Hearing Conservation Program: The special committee consisting of Drs. Larsen, Honda, Frazer, Sexton, Vasconcellos, and Connor met to discuss the hearing conservation program. The committee recommended that general physicians do tonsillectomy and adenoidectomy under the program. If six weeks after surgery, a medically significant hearing loss persists, the family doctor will select an otologist for further recommendations.

Cerebral Palsy Program: At the last annual meeting, it was reported that Federal Funds would be withdrawn from the program as of July 1, 1957. The Bureau of Crippled Children submitted a minimum budget to the Territorial legislature which was $18,000 less than the previous allotment. The legislature approved the budget request. The plan was approved and is now in operation. Dr. Bennett asked whether or not Federal funds might be reinstated. Dr. Connor replied that funds for the cerebral palsy program have been discontinued in all states. Upon request, the cerebral palsy program was described.

Congenital Heart Program: Dr. Connor stated that, for two or three years, some thought has been given to a program for surgical care of congenital heart disease. At present only diagnostic services are available. Grants have been given to Mainland centers which do open heart and other types of surgery. Should an application be made for a special project Federal grant for Hawaii? Children ages 0 to 21, after a means test, would be eligible.

Dr. Gulledge asked the group whether it felt such a program for surgical care was needed in the Territory. Dr. Sexton felt that as diagnostic services were available, treatment services should be made available. Dr. Connor stated that a plan would be sent to the Children's Bureau for its approval. The Children's Bureau might decide to send a team here to evaluate local facilities.

Dr. Steuermann asked if surgery under such a plan could be done in Hilo. Dr. Connor answered that the project would be set up for a team. Dr. Lum stated that some qualified men might be eliminated from the team. Dr. Connor stated that the teams on the Mainland which had applied for Federal funds were set up with a full team and alternates. Rotation of members was not done. The teams were set up to function in one hospital. Requests for equipment and training items could be included in the proposed budget.

It was agreed that open heart surgery would not be included in such a plan now.

In response to questions, Dr. Connor explained the present Bureau of Crippled Children plan for sending children to the Mainland for open heart surgery.

There was some feeling that several surgical teams be set up.

It was finally moved by Dr. Bennett, and seconded by Dr. Sexton, that a tentative plan be drawn up and sent to the members for comment. This was passed unanimously. The chairman stated that another meeting of the committee might be called.

W. H. GULLEDGE, M.D.

7. *Report of Advisory Committee to the Bureau of Crippled Children.* This report received considerable attention in the scope of its work and your committee noted with interest the large number of representatives composing its committee. It is suggested that consideration be given that future membership on this committee be given particularly to members who are actively engaged in the particular fields in which this committee is engaged; for example, those interested in cardiac surgery and cardiology, hearing conservation, etc.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

RESOLUTION

WHEREAS, Fetal death reporting is known to be very incomplete in the Territory; and

WHEREAS, Fetal death reporting will never approach completeness without the help of physicians; and

WHEREAS, Information with regard to the extent of the fetal death problem and a knowledge of the underlying fetal and maternal conditions associated with fetal deaths would be useful to the medical profession and health agencies; therefore be it

Resolved, That the Hawaii Medical Association in convention now assembled does hereby recommend and advocate the full cooperation of all physicians in reporting to the local registrar of vital statistics all fetal deaths regardless of the length of gestation period.

8. *Resolution re Fetal Death Reporting:* With regard to the resolution concerning fetal death reporting, your committee is in complete accord with the intent of this resolution and recommends its adoption.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

ADVISORY COMMITTEE TO THE BUREAU OF MATERNAL AND CHILD HEALTH

The committee first met on August 20, 1957, following the President's appointment of the new chairman on July 12. Thereafter it met on September 24, December 11, January 6, 1958 (special meeting), and January 12 (annual meeting). The last previous meeting of the committee under the previous chairman had been the annual meeting on January 18, 1957.

It is to be noted that five Oahu members have attended no meetings.

The committee was originally set up by the HMA at the request of the Board of Health in 1939 when maternal mortality in the Territory of Hawaii was 23.7 per 10,000 live births and the infant mortality was 580 per 10,000 with 40 per cent born at home. By 1956 these two figures had decreased to 2.9 and 224 respectively. Provisional figures for 1957 indicate some rise in both categories.

The committee deliberated at some length over the issue of its proper function as a Maternal Mortality Study Committee in the day of a minimal mortality rate. In the face of considerable opposition to the committee's acting as a disciplinary body with powers to fix responsibility and culpability when each case had usually been reviewed with a critical eye at prior hospital staff conferences, it remained for the committee to function in an educational capacity. However, it was felt that herein, too, the work of the committee was hampered. In a relatively small community with only a few maternal deaths occurring, educational efforts along the line of the case reports and critiques published in the *New England Journal of Medicine* were thought to be fraught with the dangers and pitfalls of legal suits. Anonymity of patient, doctor, and hospital cannot be preserved here as it can in the large states such as Massachusetts.

Despite these disheartening obstacles, members of the committee felt that the work of fact finding, review, and recommendations in cases of maternal mortality should continue because (1) it could coordinate

a review of the cases on a Territorial level above and beyond local hospital CPC's, (2) it could continue to assist in education with respect to rural communities and neighboring island professional people, and (3) continuing professional watchfulness is always necessary in maintaining a low maternal mortality rate. To the end, the committee has decided to publish its annual report in the HAWAII MEDICAL JOURNAL in the form of a nonspecific summary.

This tabulation is attached.

The members of the committee, together with the year of expiration of their term of service, and the attendance record follow:

	AUG. 20	SEPT. 24	DEC. 11	JAN. 6	JAN. 17
Fugate Carty (1959)					
Lucy Ma (1958)					
Wm. F. Walsh (1958)	x				
Richard E. Ando (1959)					
S. T. Fujita (1960)	x	*			
†James Wong (1960)				x	
Roy Ohtani (1958)					x
C. A. Wyatt (1959)	x	x			x
L. T. Chun (1960)					
J. I. F. Reppun (1959)	x	x	x	x	x

* Resigned.

† Not notified of meetings until January 6, 1958.

Members from the neighboring islands are listed. Their attendance is not expected except at the annual meeting:

N. Steuermann, Hawaii (1959)	x
T. D. Woo, Hawaii Alt. (1959)	
W. B. Patterson, Maui (1960)	x
M. Tofukuji, Maui Alt. (1960)	
Sam Wallis, Kauai (1959)	
M. Brennecke, Kauai Alt. (1959)	x
Wm. Totherow, Molokai (1959)	
E. V. Avakian, Lanai (1959)	

Additional members appointed in July are also listed.

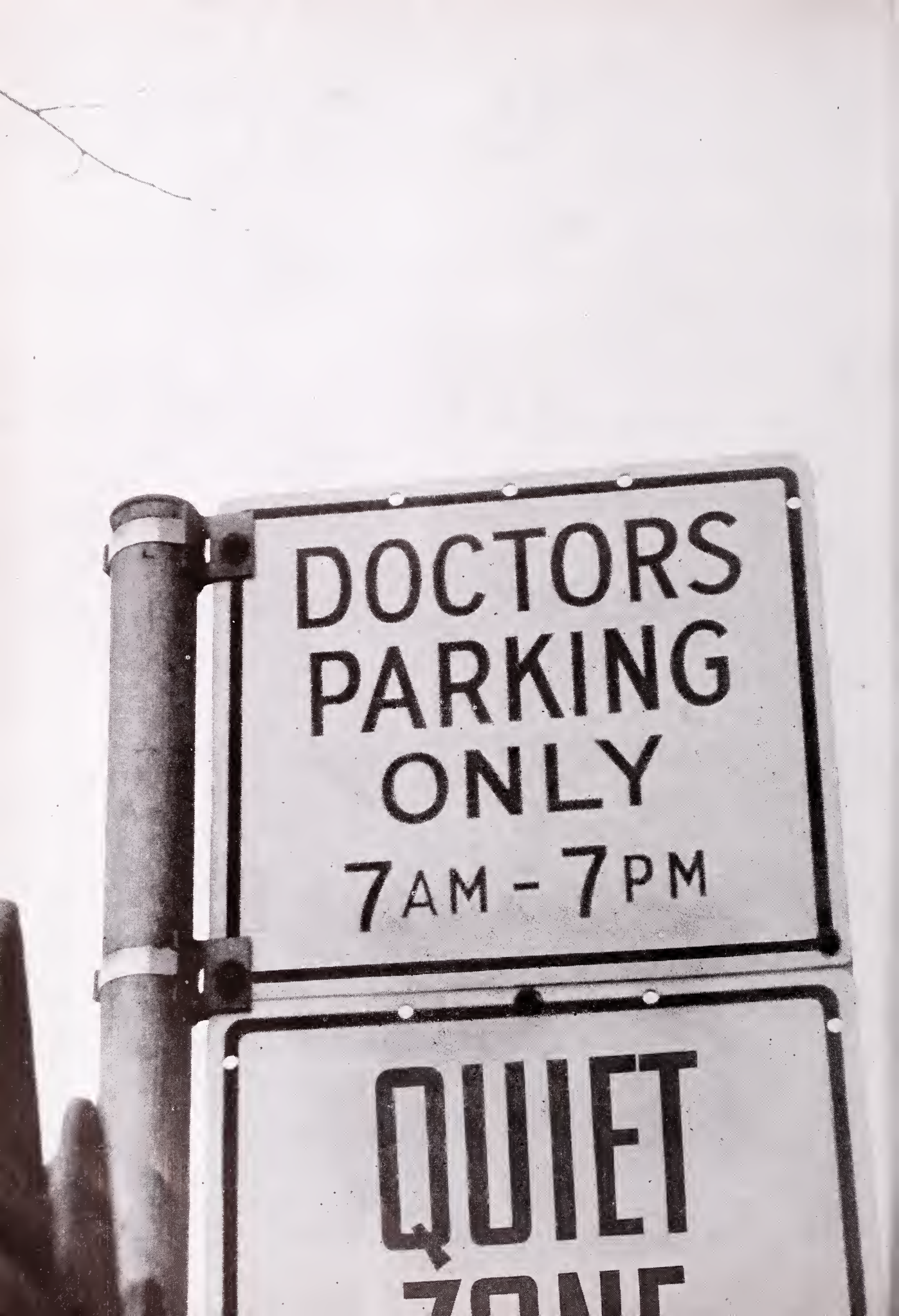
Donald Char (1960)	x	x	x	x
Ogden Bruton, Col., USA, MC (1960)	x			
J. P. Moran, Capt., USA, MC (1960)		x	x	x
Jack Woodruff (1960)		x	x	

J. I. FREDERICK REPPUN, M.D.

TABLE I

1957 MATERNAL DEATHS

CASE NO.	LOCATION DATE OF DEATH	AGE	PARA	GRAVIDA	RACE	CAUSE	COMMITTEE CONSIDERATIONS	PREVENTABILITY RESPONSIBILITY
1	Urban Hosp.	18	0	1	Chin./ Haw'n	Toxemia, cerebral hemorrhage, "Direct obstetrical."	Admitted to hospital in toxemia spont. labor 34 hrs. later. Low forceps delivery, normal baby under saddle block. Immediate P.P. shock, coma, death in 42 hrs.	Preventable. Patient should have reported earlier to the hospital as advised.
2	Urban Hosp.	30	0	1	Jap.	Toxemia, lower nephron nephrosis "direct obstetrical."	No prenatal care. Adm. to hosp. 7th mo. in toxemia. Spont. labor on 20th hosp. day. Foetus died in utero after 15 hrs. labor, 2 hrs. prior to spont. deliv. Immed. P.P. shock and anuria, death 15 hrs. later.	Preventable. Patient failed to seek prenatal care.
3	Urban Hosp.	39	7		Part Haw'n	Pulmonary embolism, phlebo-thrombosis. No autopsy, insufficient data.	Delivered of normal healthy baby. Known to have massive varicose veins. Died suddenly 2½ hrs. p.p. Diagnosis a presumptive one.	Not preventable.
4	Rural Hosp.	34	2	3	Jap.	Status asthmaticus "Non-obstetrical."	Known healed Tbc and asthmatic. 3 days asthma, 6 mo. pregnant. Died undelivered despite all measures. Massive pulmonary atelectasis.	Not preventable.
5	Urban Hosp.	32	3		Cauc.	Asian Influenza, pneumonia "non-obstetrical or very indirect."	2 weeks p.p. Flu 18 hrs. prior to hospitalization. Died 30 hrs. later. Anemia 7.7 gm. Hgb existed during parturition, was not corrected.	Possibly preventable if anemia had been corrected at parturition.
6	Urban Hosp.	22	1	1	Cauc.	Acute septicemia, overwhelming, with pulm. infarction due to puerperal sepsis "direct obstetrical."	Twin pregnancy-normal del. disch. 4th p.p. day, readmit 1 week later seriously ill. Heroic measures did not avail.	Preventable. Patient did not report her illness as requested, till too late.
7	Rural Hosp.	35	2	3	Jap.	Overwhelming respiratory infection presumed to have been Asian influenza "Non-obstetrical."	Apparently Asian Flu while 7½ mo. pregnant. Labor started but mother died undelivered despite heroic measures. No autopsy.	Probably not preventable.
8	Urban	30	2		Cauc.	Brain abscess "Non-obstetrical."	Died 2 mos. p.p. of brain abscess. Admitted into hosp. in coma. Old chronic suppurative otitis media. Diagnosis not apparent during normal parturition.	Probably preventable. Patient resisted care.
9	Urban Hosp.	34	7	10	Cauc.	Diabetes with coma. peritonitis, intestinal obstruction "Indirect obstetrical."	Diabetes not discovered until patient moribund on 6th p.p. p.o. day, via high blood sugar. Repeat (8th) Caesarian section and surgery for intestinal obstruction at 28 weeks gestation. Peritonitis set in. Every available form of therapy used. Infant died later at atelectasis.	Not preventable.
10	At Home	17	0	1	Port.	Homicide Death "Non-obstetrical."	Pat. approx. 4 mos. preg. at time of death.	No determination. Pertinent.


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AMERICAN CYANAMID COMPANY
Pearl River, New York

9. *Report of Advisory Committee to Bureau of Maternal and Child Health:* Your committee notes with interest the membership composing this committee and the attendance of the various members at its meetings. It recommends that in the appointment of members to this committee in the future, consideration be given to those who have an interest which will tend to encourage more active participation. Your committee is in accord with the committee's opinion regarding publication in the HAWAII MEDICAL JOURNAL.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

RESOLUTION ON MATERNAL MORTALITY REPORTING

WHEREAS, The Maternal Mortality Study Committee of the Hawaii Medical Association has experienced great difficulty in the past in obtaining adequate data in cases of maternal deaths upon which to base the results of their determinations; and

WHEREAS, Most maternal deaths are thoroughly reported and studied in conferences at the hospital level; therefore be it

Resolved, That the Hawaii Medical Association go on record as requesting the physicians in attendance to offer every cooperation to the committee by furnishing full and complete data as requested, and that a copy of the report at the hospital staff conference be prepared and transmitted to the chairman of the committee on maternal and infant mortality, 510 South Beretania Street, Honolulu.

10. *Resolution re Maternal Mortality Reporting:* With regard to the resolution concerning maternal mortality reporting, your committee is in complete accord with the intent of this resolution and recommends its adoption.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

RESOLUTION, WINDWARD OAHU HOSPITAL

WHEREAS, the Koolaupoko District of Windward Oahu has a population of 37,000 and are without a hospital and,

WHEREAS, its residents have conducted extensive studies and surveys for the past six years regarding the feasibility of establishing a windward hospital and,

WHEREAS, the projected population of windward Oahu is expected to be 60,000 in the next five years and 90,000 in the next ten years and,

WHEREAS, the residents of windward Oahu have voiced themselves ten to one in favor of a windward hospital as evidenced in a survey by Craig-Pritchard Associates and,

WHEREAS, the Kaneohe Ranch Company is making available adequate land for a hospital site and,

WHEREAS, the Seventh-Day Adventist Church, successful operators of approximately three hundred hospitals throughout the world, have agreed to manage, operate, subsidize and underwrite 100% of the operating cost of the hospital and,

WHEREAS, the community of windward Oahu has raised funds to proceed with their hospital plans and,

WHEREAS, an independent survey conducted by a mainland hospital executive who is a member of the Governor of California's Hospital Advisory Council endorses, encourages and favors the action of the windward community and

WHEREAS, the physicians of windward Oahu who are members in good standing in the Hawaii Medical Association are endorsing this hospital project, be it therefore

Resolved, That in compliance with the request of the Windward Oahu Community Association for our moral support the Hawaii Medical Association hereby endorses their plans for establishing a Windward Oahu Community Hospital as proposed.

ROBERT C. H. CHUNG, M.D.

11. *Resolution regarding the Windward Oahu Hospital:* This resolution, introduced at the request of the Windward Oahu Community Association, points out that plans have progressed to the finalizing stages and simply asks for our moral support. After considerable discussion, your committee believes that this effort which has progressed to this stage is worthy of commendation and moral support and so recommends.

At this point the President called on Dr. Gulledge to read his minority report.

MINORITY REPORT CONCERNING THE WINDWARD OAHU HOSPITAL RESOLUTION

I would like to recommend that no action be taken concerning this resolution.

W. H. GULLEDGE, M.D.

ACTION:

Dr. Gulledge moved to adopt the minority report.

The motion was seconded. The majority report was reread. There followed a lengthy discussion on whether action on such a project belonged in the Territorial House of Delegates before it was acted upon by the local county society.

The chair asked Dr. Robert C. H. Chung, who had presented the resolution, to take the floor. Dr. Chung stated that every one of the doctors who practice on windward Oahu has signed and endorsed the program. In addition many of the doctors that practice in Honolulu but have offices on the windward side have also endorsed the idea. He said the subject was thoroughly discussed by the reference committee the previous day. He then gave some interesting statistics on the growth of windward Oahu. Dr. West said that if he were an outside islands delegate he would ask if the Honolulu County Medical Society had approved of it. It was pointed out that it had not been presented to the Honolulu County Medical Society first.

Dr. Wilkinson moved that the motion be tabled and referred back to the reference committee. Dr. Yee pointed out that after today no reference committee exists. Dr. Wilkinson deleted the words "referred back to the reference committee." And the motion was tabled by a majority vote.

RESOLUTION, FLUORIDATION OF WATER SUPPLIES

WHEREAS, The House of Delegates of the American Medical Association, in December, 1951, "endorsed the principle of fluoridation of community water supplies," and

WHEREAS, The House of Delegates of the Hawaii Medical Association on May 14, 1954, approved the fluoridation of water, and

WHEREAS, The Councils of Pharmacy and Chemistry and on Foods and Nutrition were directed by the Board of Trustees of the American Medical Association on November 28, 1956, to conduct a joint study of all presently available information concerning the fluoridation of public water supplies and that a documented report of the findings, together with any recommendations arising therefrom be presented to the House of Delegates at its meeting in Philadelphia in December, 1957, and

WHEREAS, The Council on Drugs and the Council on Foods and Nutrition did report that "no evidence has been found since the 1951 statement of the Councils to prove that continuous ingestion of water containing the equivalent of approximately one part per million of fluoride for long periods by large segments of the population is harmful to general health," and

WHEREAS, On December 5, 1957, at its Philadelphia meeting, the House of Delegates did adopt this report and recommendations of the two Councils, therefore be it

Resolved, That the Hawaii Medical Association reaffirm its endorsement of the fluoridation of community water supplies as a safe and effective measure in the reduction of dental caries in children.

HAROLD M. SEXTON, M.D.

12. *Resolution regarding Fluoridation of Water Supplies:* Your committee received this resolution which simply is a reaffirmation of Hawaii Medical Association's endorsement of fluoridation of community water supplies as a safe and effective measure in the reduction of dental caries in children. There were no objections to this resolution, and your committee was unanimous in its opinion that this resolution be accepted.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

ACTION:

The Chairman moved the adoption of this report as a whole.

The motion was seconded and carried.

* * *

The President called for the report of Reference Committee No. 4—Miscellaneous Business.

The Chairman of this reference committee, Dr. Harold M. Sexton, took the floor and read as follows:

REFERENCE COMMITTEE ON MISCELLANEOUS BUSINESS

Mr. President and members of the House of Delegates:

Your reference committee on Miscellaneous Business gave careful consideration to the matters referred to it and makes the following report:

AMERICAN MEDICAL EDUCATION FOUNDATION

Because there are only a few community drives for financial aid at this time, I feel that a plea to members of the medical profession of our community is due to aid the American Medical Education Foundation, 535 No. Dearborn Street, Chicago 10, Illinois.

During this period of flux when more help is needed by the medical schools in the U.S., those of us who are in a position should donate to:

(a) AMEF.
(b) Medical schools, earmarked "Medical Department," if a part of a state university or a larger university like Yale, which has many colleges other than the medical school.
(c) Foreign graduates may send their gifts to AMEF who will then send them to the medical schools in their respective countries.
(d) There is no discouragement concerning gifts to both the AMEF and a specific medical school.
(e) A complete understanding now is in existence between all schools and AMEF.

Because of the splendid job done by the Woman's Auxiliaries those branches so connected with each County Society should again be encouraged to initiate similar drives for the year 1958.

Voluntary giving increased in 1957. Grants to the country's medical schools will be made shortly from the funds collected during the year. The AMEF ended its 6th year with contributions totaling $984,885. The figure appears somewhat smaller than the 1956 total because the AMA's grant of $100,000 was not supplemented this year with an additional $125,000 as in previous years. Actually the total figure represents a 13 per cent increase in voluntary contributions. The number of contributors increased by 4,263 over last year.

It is recommended that drives always be on a county level and the officers of all county societies exercise personal persuasion.

Simple reminders off and on, throughout the year, should be made by the secretaries and the editor of the HAWAII MEDICAL JOURNAL.

MIN HIN LI, M.D.

Report of American Medical Education Foundation Committee: Your committee recommends approval and acceptance of the report and wishes to emphasize the desirability of making donations to medical schools entirely through the AMEF since such donations are always acknowledged by the school in their full amount as a personal contribution from the donor, and also reflect credit on the medical profession generally. We further recommend that the AMEF be urged to advise the medical schools that this is being done.

Your committee wishes to commend Dr. Min Hin Li on his long and faithful tenure as chairman of this committee.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

COMMITTEE ON 1958 HAWAII SUMMER MEDICAL CONFERENCE

The committee chosen to arrange for the 1958 Hawaii Summer Medical Conference has been meeting at frequent intervals for several months.

We have arranged to have Dr. Ernest Jawetz, of the University of California Medical School, and Dr. Frederick Robbins, of Western Reserve Medical School, be the guest speakers on the subject of virology. The members of the committee felt that this field has been very active recently and that the doctors of this and other communities will definitely benefit from the discussions by these two outstanding investigators. In addition to this subject, we were fortunate enough to have the American Rheumatism Association agree to meet here.

The following is our proposed program:

July 1—
7:30- 8:15 Breakfast at HVH Long House
8:15- 8:30 Intermission
8:30-10:00 Program on recent advances and modern concepts of rheumatoid diseases directed by Dr. Ephraim P. Engleman.
12:00- 1:00 Lunch at Tripler Officers' Club (limited to 200 doctors)
1:00- 2:30 Clinic at Tripler Theatre. Cases of systemic lupus and other interesting allied cases of arthritis. Commander Moxon will prepare abstracts of the cases to be discussed.

July 2—
7:30- 8:15 Breakfast at HVH Long House
8:15- 8:30 Intermission
8:30- 9:00 Infections due to ECHO 9 Virus by Dr. Robbins
9:00-10:00 Round Table Discussion

July 2—
7:30- 8:15 Breakfast at HVH Long House
8:15- 8:30 Intermission
8:30- 9:15 Virus Diseases as Problems in Medical Practice by Dr. Jawetz
9:00-10:00 Round Table Discussion

There will also be social events which will probably include a luau, cocktail party, and fashion show for the women. The committee has decided upon a registration fee of $25.00 for any nonmember and $7.50 for members. We hope to clear more than $5,000 for the HMA treasury, a portion of which has been pegged for the Auxiliary.

The Kirkland Travel Agency has notified us that they have at least 200 reservations already. We expect approximately 300 doctors to attend. Needless to say, the members of the committee feel that this is indeed a great opportunity to establish Hawaii as a growing medical community with excellent facilities for future conventions. We will do our utmost to extend a warm aloha to our visiting physicians.

Report of Hawaii's Summer Medical Conference Committee: Your committee recommends adoption of this report.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

HAWAII MEDICAL JOURNAL

Despite sharply increased printing costs, the JOURNAL remained solvent last year by effecting a 10 per cent reduction in pages of original articles (of which 31, including 5 case reports, were published, an average of five per issue) and a thirty per cent reduction in pages of features, from 33 to 23 (eliminating Umi Makaliki I Hala, Woman's Auxiliary, Library and listing of medical meetings). Advertising increased during the year, from 51 to 56 pages on the average. Thirty-two Mainland and 14 local firms bought pages in an average issue. The following tabulation compares figures for the past five years.

PAGES AND DOLLARS

	1953-54	1954-55	1955-56	1956-57	1957 (calendar year)
Scientific	15	15	16	20	19
Features	21	25	25	33	23
Nurses	8	8	8	10	12
Advertisements	38	42	47	51	56
TOTAL PAGES	82	90	96	114	110
Income	$16,200	$17,542	$19,014	$21,127	$26,771*
Expense	13,600	14,905	16,394	18,454	26,027
Net "profit"	$ 2,600	$ 2,637	$ 2,620	$ 2,673	$ 744

* Accrual basis—not cash, as in the budget.

The Book Reviews department has published signed reviews of 100 books and 99 unsigned one-sentence comments on books not deemed sufficiently important or of sufficient general interest to warrant review. The review copies have all been donated to the Honolulu County Medical Library, as in the past.

Enough manuscripts have been available at all times, though the bottom of the barrel was in plain sight for a while, owing to the failure of last year's annual meeting to provide any papers for publication. A special Children's Hospital issue helped to tide us over this lean period; and what with this and a little serendipity, we seem to have weathered it so well that no concern for the future appears to be indicated.

Dr. John Holmes resigned as News Editor during the year and has been replaced by Dr. Samuel Allison. It remains a source of regret to us that no member of the Association has indicated any interest in the still-vacant position of Assistant Editor, and that no active Publications Committee has as yet been formed to oversee the publication of the JOURNAL, rule on publishing, and advertising policies, and so on.

In summary, the JOURNAL has had to be slimmed a little, but there was enough fat to be trimmed away to let us accomplish this without detracting much from its content. Our position with respect to both manufascripts and money seems to be reasonably sound. The continued publication of the magazine on the same basis as heretofore is recommended.

Report of the Hawaii Medical Journal: Your committee recommends adoption and approval of this report. Your committee also recommends that the incoming president appoint a publications committee as recommended by the editor to generally supervise all aspects of publication of the JOURNAL except editorial matters. Your committee also recommends approval of the Council's recommendation that the bookkeeping of the JOURNAL be kept separate from that of the Association.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

RESOLUTION ON ROSTER

WHEREAS, The membership of the Hawaii Medical Association has steadily grown to several hundred in recent times and,

WHEREAS, The members of this organization are scattered in the various islands of Hawaii and other parts of the world and,

WHEREAS, Many of its physician members are not familiar with their fellow members and,

WHEREAS, There has been no previous publication of the complete roster of its membership with accompanying photographs, be it therefore

Resolved, That the Editor of the HAWAII MEDICAL JOURNAL and his staff give serious study to the possibility of publishing one issue of the JOURNAL in the very near future containing the picture, name, address and branch of medicine of every member of the Hawaii Medical Association for the purpose of acquainting ourselves with our fellow members, and promoting better fellowship among the membership. Should a reasonable assessment be necessary members can be notified of such.

Your committee had referred to it Resolution No. 2, introduced by Dr. Robert Chung, recommending study of the possibility of publishing the roster of the Association with a picture of each member. We recommend that such study be made and the results be reported to the Council.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

BOARD OF MANAGEMENT OF THE MABEL L. SMYTH MEMORIAL BUILDING

There were six regular meetings and one special meeting during the year. Drs. P. H. Liljestrand, L. E. Mermod, and Harry L. Arnold, Jr. (as alternate) represented the Hawaii Medical Association. Mesdames Patience Martelon and Myrtle Schattenburg represented the Nurses' Association, Territory of Hawaii. Mr. A. J. Hebert represented The Queen's Hospital.

The financial picture is brighter than it has been for many years. Our faith in the Nurses' and Physicians' Exchange has been justified and a considerable part of our income comes from that source.

As usual the space problem has been critical but with the generous assistance of The Queen's Hospital, a temporary home has been found for the Bureau of Medical Economics, until such time as the Library is built. It has been definitely settled that the Library will build adjacent to the Mabel Smyth Building. There has been some shifting of headquarters since the space formerly occupied by the Bureau has been made available. The Honolulu County Medical Society is now on the first floor in the two rooms which were occupied by the Bureau and the Nurses' Association. The Hawaii Medical Association now occupies the County offices and the Nurses' Association moved upstairs to the Hawaii Medical Association offices. This moving was done after several conferences and for the convenience of all. We agreed to the transfer with the stipulation that the rental charges remain the same. And so for the time being any charges on a square-foot basis have to be discarded. The rental income for the Mabel Smyth Building remains the same.

Our refurhishing that we promised last year is almost completed and we know that you must be proud of the results. The lamps were made by Claude Horan of Ceramics Hawaii and he took special interest in doing them for the Mabel Smyth Building. We are looking forward to doing some work in the auditorium in the near future as well as putting aside enough for the necessary changes when the Library moves to its new building.

A summary of building activities for 1957 follows:

Auditorium used	123	times	16,840	people	present
Committee meetings	320	"	4,266	"	"
Refreshments served	54	"	3,592	"	"
Total number using bldg.			24,698		

Report of the Board of Management of the Mabel Smyth Building: Your committee recommends adoption and approval of this report with particular thanks to the Board for the time and effort that went into the refurbishing of the building. Your committee also recommends that future reports include a statement of the building's finances for the previous year. We are happy to note, however, that the financial picture this last year has been brighter than for many years.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

REPRESENTATIVE TO THE HAWAIIAN ACADEMY OF SCIENCE

Two additional representatives were added this year, Dr. Clarence Fronk, Community Participation Committee, and Dr. Claude Caver, Public Relations Committee.

This year's project is the first annual Hawaiian Science Fair which will be held at Fort De Russy at Waikiki on April 11 through 13, 1958. This follows elimination competitions by public and private high school and intermediate school science students throughout the Hawaiian Islands. Exhibits are on any phase of science. Some entries will be in the field of medical science.

Two winners from the 10th, 11th, or 12 grade entries will represent Hawaii at Flint, Michigan, in the Ninth National Science Fair. Awards will be presented to 15 territorial winners.

The representatives of the Hawaii Medical Association have faithfully attended committee meetings and have assisted in the planning. Dr. Clarence Fronk has been particularly active and helpful in soliciting community participation.

It is hoped that the members of the Hawaii Medical Association will support the first annual Hawaiian Science Fair, not only by the $50 donation given, but by their presence at the Fair. The future of our country will in a large part be dependent on the progress of science education, and this Fair is a big step in developing student interest in scientific subjects. It is hoped that more projects on health and medical science will be developed with each succeeding Annual Hawaiian Science Fair.

Report from the Representative to the Hawaiian Academy of Science: Your committee notes with approval that our Association contributed in a modest way to the recent Hawaiian Science Fair through our affiliation with the Hawaiian Academy of Science and through the contribution of $50.00 towards the expenses of the Fair. We suggest that the House of Delegates authorize a $100.00 donation to this enterprise next year and also offer one or more prizes for an exhibit or exhibits in the field of biology or medicine.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

RESOLUTION: GENERAL PRACTITIONER OF THE YEAR

WHEREAS, Dr. Jay M. Kuhns has been a resident of Hawaii since 1898, and

WHEREAS, He has engaged in general practice on the Island of Kauai since 1916, and

WHEREAS, He served as Delegate to the Hawaii Medical Association from Kauai from 1934 to 1936, and as President of the Kauai County Medical Society in 1937, and as President of the Hawaii Medical Association in 1947, and

WHEREAS, He was the first Chief of Staff of the Wilcox Memorial Hospital in Lihue, and was re-elected to that position in 1957, and

WHEREAS, His character and conduct have earned him the general affection and respect of his fellow-practitioners, his fellow-townsmen, and his patients; now therefore be it

Resolved, That the Hawaii Medical Association honors Dr. Kuhns by naming him Hawaii's General Practitioner of the Year; and be it further

Resolved, That his name be submitted to the American Medical Association as a candidate for their award of General Practitioner of the Year.

General Practitioner of the Year: Your committee had referred to it this resolution nominating Dr. Jay M. Kuhns as general practitioner of the year and we recommend the adoption of this resolution.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY TO THE HMA

In the past year, your committee has met three times with representatives of the Territorial Woman's Auxiliary. The first meeting was held several weeks prior to the Pan-Pacific Surgical conference. It was necessitated by an apparent conflict in the Auxiliary activities related to that meeting and those anticipated in the nation-wide Diabetes Detection Drive, scheduled for the same week. The matter was resolved satisfactorily, with Auxiliary members participating mainly in the preparation phase of the Diabetic Drive.

The second meeting was held one week prior to an all-day conference of Territorial Auxiliary representatives, held in Honolulu February 28, 1958. Preparations for this conference, further integrating the Territorial Auxiliary program with that of the National organization, and the possibility of sending an officer-delegate annually, with expenses paid, to the National meeting, were discussed. The latter matter was considered particularly feasible to present to conference members in view of (1) an anticipated monetary gift to the Auxiliary from HMA's income from the 1958 Summer Medical Conference (refer to Council action taken at its meetings of October 17, 1957, and February 27, 1958) and (2) the proximity of the next AMA and National Auxiliary meeting in San Francisco, June 23 to 27, 1958.

The third meeting, February 28, was part of the Territorial Auxiliary conference. The above and other matters were briefly discussed at a luncheon. Among them were, the American Medical Education Foundation drive, subscription soliciting to "Today's Health," and potentialities of adapting the National program such as Accident Prevention and Automobile Safety to local programs of Traffic Safety and establishment of Poison Centers. The relationship of the Territorial Medical Advisory Committee to the Territorial Auxiliary and its local or

counter-part committees at county level appears needful of clarification. This is in particular regards as to who decides on the adoption of projects or programs. There was no clear opinion on whether a Territorial Auxiliary project, sanctioned by the Territorial Medical Advisory Committee, need be adopted or programmed by each local component committee. It was the opinion that this matter should be clarified by the HMA House of Delegates. Your committee believes that as of the present time the policy should be non-mandatory, and that such matters be participated in, adapted, or rejected at county levels, at the discretion of the local medical advisory and auxiliary committees. Furthermore, your committee believes that local county auxiliary programs, encouraged by their medical advisory committees, need not necessarily receive Territorial sanction. Finally, your committee, mindful of the many fine accomplishments of our Auxiliaries, recommends to our House of Delegates that commendation and encouragement be given them for their continued aid and contributions to the welfare of the Hawaii Medical Association.

Your committee also respectfully submits the appended president's page from the February 22 issue of the JAMA. The importance of the Woman's Auxiliaries at the national level is pointed out by AMA president, Dr. David B. Allman.

Report of the Advisory Committee to the Woman's Auxiliary to the HMA: Your committee agrees that the activities and programs of the County Society Auxiliary should be decided at the county level and that their projects need not be approved at the territorial or national level, nor do they need to include territorial or national projects. We recommend the adoption of this report.

Your committee also recommends approval and adoption of the supplementary report of this advisory committee. We concur in the committee's expression of regret over the loss of the Hawaii County Society Auxiliary from the territorial organization.

ACTION:

The Chairman moved the adoption of this portion of the report.

The motion was seconded and carried.

THE WOMAN'S AUXILIARY TO THE HAWAII MEDICAL ASSOCIATION

Foreword: This is the first opportunity since the organization of the Woman's Auxiliary to the Hawaii Medical Association for the president's annual report to be directed to the delegates as well as to the President of the Hawaii Medical Association. It is also the year in which the Woman's Auxiliary to the AMA has asked each state and county auxiliary to evaluate their activities in relationship to the purposes and functions of the respective auxiliaries. For these two reasons, then, this report will be detailed. May it provoke your thought—you, the physicians who have been selected as the leaders of your respective county medical societies and the Hawaii Medical Association.

On behalf of all the members of the Woman's Auxiliary, I respectfully urge your consideration of action which will assure the continued growth and development of your woman's auxiliaries. Your guidance and aid is needed if they are to take their proper place among all other state auxiliaries through reports of work accomplished and representation at meetings of the Woman's Auxiliary to the AMA, as does the Hawaii Medical Association at meetings of the AMA.

* * *

An annual report, as such, serves no useful purpose unless it draws a word picture of the accomplishments, strengths and weaknesses of the organization which can be related to its purposes and functions.

First, then, let us review the latter. Every member of the Woman's Auxiliary to the Hawaii Medical Association, which means every doctor's wife who is a member of a constituent county auxiliary, has made the following pledge: "I pledge my loyalty and devotion to the Woman's Auxiliary to the American Medical Association. I will support its activities, protect its reputation, and ever sustain its high ideals." The activities, reputation, and ideal of the Woman's Auxiliary to the AMA are based on the following objectives, numbers 1 and 3 of which are contained in the bylaws of our county and territorial auxiliaries:

1. To assist the American Medical Association in its program for the advancement of medicine and public health.
2. To coordinate and advise concerning the activities of constitutent auxiliaries.
3. To cultivate friendly relations and promote mutual understanding among physicians' families.

In addition our bylaws in Hawaii contain the following:

To participate in program or with any function on the request of the territorial or county medical societies and to assist in the entertainment at all conventions of the Hawaii Medical Association.

Study of the above objectives indicates that each auxiliary member has a responsibility to her respective county, state, and the national auxiliary. The national auxiliary has like responsibilities in reverse.

Objective Number 1 denotes why we are called an "auxiliary," for the very word means to aid or assist. If we recognize that doctors' wives, in the majority, are not professionally trained, then we realize why the leadership and direction for our activities must come from the members of the medical society. The county, state, and national auxiliaries have all been organized just for the purpose of aiding the medical profession with the approval of the respective medical societies. The auxiliaries are responsible to the medical societies and they are, or should be, in partnership. We are told that "Doctors' wives are different because each shares with her husband the responsibility for keeping informed about the problems and policies of the medical profession—for serving as a community leader—and for earing a "special" position of respect for physicians individually and as a group. This is an assignment which wives of men in other fields are rarely given."

The Woman's Auxiliary then is the medium by which doctors' wives learn how to use this "difference" intelligently, with proper professional guidance. The success of any auxiliary depends in a great degree on the quality and quantity of leadership provided by the medical society, who in turn understands the value and purposes of the auxiliary as an aid to the medical profession.

The AMA, your association, has recognized the potential of your members' wives' abilities in the field of community service for the advancement of better public health, public relations, legislation, welfare and education and has encouraged them to assume important roles in these fields.

With this background, let us examine the program recommended by the Woman's Auxiliary to the AMA for 1957-58. The theme for the year has been "Health is a Joint Endeavor." State and county auxiliaries have been asked by the national auxiliary to review their objectives and the relation of their activities to them; to build a closer working relationship with the medical society through an orientation program on the objectives of the AMA and of the auxiliary, and the partnership approach on public understanding how groups work and solve problems together.

The national priority projects encouraged for the year are:

1. *American Medical Education Foundation:* Increase contributions from each auxiliary and each member; encourage our husbands to give through AMEF; and interpret the services of medical schools to the public.
2. *"Today's Health"* (the official publication of the AMA for lay persons, patients' and their families, as well as doctors' families): Provide more subscriptions of this excellent health education for every doctor and dentist's office and home, schools, libraries, hospitals, beauty shops, etc.
3. *Legislation:* Work through the state medical society and auxiliary committees. Experiment with novel ways of making legislation education interesting and useful to the individual member.
4. *Safety:* Because we cooperate with the AMA committee on the medical aspect of automobile injuries and deaths, we should emphasize driver training, safety features in automobiles, and chemical tests for intoxication.

Another program to be emphasized, but not on the priority list, is the encouragement of education for civil defense, especially home preparedness for any disaster.

We were asked to include in our meeting plans discussions of the national auxiliary resolutions and policies; a joint orientation program with our medical societies about the AMA, using either the film "The Case of the Doubting Doctor" or "Whitehall 4-1500" and/or the new pamphlet "AMA in Action"; and a discussion on group understanding and our own auxiliary activities to evaluate how well our projects are carrying out our objectives.

This program, projected to every auxiliary in the nation leaves no room for doubt as to what is expected of auxiliary members. Although the third of the national objectives relate to social activities, they are not even mentioned in this activity program.

Everyone is in agreement that in Hawaii, because of the many visiting physicians and wives, our auxiliary members must consider social activity planning a priority in our program. In fact, if we recall, the recognition of need for planned social events was the basic reason for our initial organization. And that time there was little understanding here of the vital role our members could play as assistants to the medical profession in other fields. Social planning will always be a priority here, but we must ever be alert to working toward fulfilling our potential in other areas where we can be useful.

As time has passed auxiliary members have been requested by the medical society to assume more serious tasks and some of the medical advisory councils have granted their approval for projects initiated by the auxiliaries.

The foregoing has all been pertinent if we are to consider this a year of evaluation, and wish you to share it with us. How have we fulfilled our purposes this year? As the parent body of our county auxiliaries this report must first review the activities of the county auxiliaries before those of the territorial auxiliary.

The Woman's Auxiliary to the Hawaii County Medical Society, with a membership of 22, began the year under the guidance of Mrs. Edwin Willet. A move to Lanai caused her resignation and Mrs. Henry B. Yuen assumed the office of president. At their recent annual meeting Mrs. Toshio Kutsunai was elected to serve for the next year. The medical advisors are Drs. William Leslie, William Bergin, and Henry B. Yuen.

The major activities of this auxiliary have been cooperation with the Society for Crippled Children and Adults in their fund drive and especially the annual fashion show, their most important fund raising social event, and providing fresh flower arrangements for the Hilo Memorial Hospital. The auxiliary has contributed $20 each to the Children's Ward of the Hilo Memorial Hospital and the Association to Help Retarded Children.

The president reports that one meeting was held. The program included a speaker on "Estate Planning." Members, as individuals, participated in the work of the Red Cross, Tuberculosis and Health Association, Christmas Seal campaign, mobile x-ray program, T.B. tests in schools and Rehabilitation Center, polio immunizations, Blood Bank, Society for Crippled Children and Adults, Hospital Auxiliary, Heart Association, Boy and Girl Scouts, churches, and schools.

The auxiliary is constantly ready to assist the medical society, if and when requested.

The Woman's Auxiliary to the Honolulu County Medical Society has a membership of 244. Mrs. Louis Buzaid served as president until the annual meeting in December when Mrs. Robert Johnston assumed the office. The medical advisors are Drs. Morton Berk, Thomas H. Richert, and Rodney T. West. This is a busy, productive auxiliary

with the majority of members involved in some phase of auxiliary work. Members serve on the aloha, AMEF, budget and finance, Bulletin (of the Woman's Auxiliary to the AMA), and "Today's Health," civil defense, constitution and bylaws, hospitality, In Memoriam, membership, mental health, and public service, program, publicity, nominating, and telephone committees. The executive board has met monthly and four membership meetings have been held.

In May the program included a talk on the Honolulu Community Theatre and an introduction to the subject of Civil Defense as a proposed auxiliary project.

In September, members viewed the film "Let's Face It" and heard a talk by a representative of the Territorial Civil Defense Agency. The climax was a beautiful display by members of "Fashion in Foods" which members were privileged to sample.

The annual meeting in December was followed by a "Christmas Parade" of ideas for holidays and refreshments of the season.

The March meeting included a film on the AMEF, a discussion on the need for raising funds for this purpose and planning for it, and an authoritative talk on old Hawaii, especially medical practices in that period. The members enjoyed a delightful "Polynesian Buffet" luncheon and pastry auction.

The program for May is being especially planned to interest the visiting auxiliary members from the neighbor islands.

For the second year, the auxiliary has sponsored the selling of tickets to a selected mailing list for "A Quiet Evening at Home" at $1 or more to raise funds for AMEF. Last year, $1,233 was realized. The auxiliary was not only honored by the national auxiliary for having the highest contribution per capita in the nation, but received world-wide publicity on the project. The report of the receipts for this year's drive have not been received as contributions are still arriving. Films from the AMA were used to promote this program at an auxiliary meeting and over television. In addition, an AMA pamphlet was distributed to prospective customers by mail with their tickets.

At present there are 320 subscriptions to "Today's Health" in force and 104 members are subscribing to the *Bulletin,* a publication which should be useful to every auxiliary member.

The auxiliary sponsored an eight-hour warden training instructor's course provided by the Territorial Civil Defense Agency. Eight members have been qualified to teach and four have already taught one or more groups in their own neighborhoods to qualify them to recruit and train others. This was in response to the urgent need for wardens throughout the territory and the lack of sufficient personnel to train them. Plans are presently under way to stimulate interest in civil defense-home preparedness workshops for members to prepare them for meeting any disaster. An excellent beginning has been made; much enthusiasm is being generated; and it is hoped that eventually every member will participate in some way.

Other activities have been assistance with Operation Hypo, the Diabetes Detection Drive, and planning is being done for a mental health program this fall. To raise funds for operational expenses, the auxiliary is presently selling tickets to the Honolulu Community Theatre musical "Wonderful Town" for the night of April 16. (Of dues collected, the county auxiliary only keeps $2 a member for its own needs and that is insufficient for an active auxiliary.)

As individuals, many of the members are active in the field of health education, work with the handicapped, hospital auxiliary programs, health legislation, education and welfare for children, recruitment of health personnel, etc., through association with the Oahu Health Council, PTA's, volunteer health agencies, official health and welfare agencies, and others as well as taking active part in their precinct clubs.

Last, but by no means least, is the major work which continues to be done on the In Memoriam project. This unique project has been and continues to be a true "labor of love" for our doctors in Hawaii.

The women of this auxiliary take their task very seriously. Every committee is ready to act at any time. Although nothing has been reported on the responsibility for social planning, that is always automatically provided as needed, whether for a small specialty group of visitors or a larger one such as the Pan Pacific Surgical Congress.

The Woman's Auxiliary to the Kauai County Medical Society, organized just a year ago with Mrs. Jay M. Kuhns as president, has a membership of 14, 100 per cent. This is an enthusiastic group, and though small, will surely make their mark as an auxiliary. Before the organization was hardly underway, they assumed the responsibility for planning all the arrangements for the auxiliary meetings and social activities of the annual meeting of the Hawaii Medical Association last May.

Since that time they have assisted with the Diabetes Detection Drive, the Blood Bank, cooperated with the schools and Nurses' Association in recruitment of health personnel and with the Nurses' Association in conducting a rummage sale to raise funds for nurse scholarships, assisted the Hospital Auxiliary to provide flower arrangements for the hospital and a film on cancer for hospital auxiliary members, and have contributed toward scholarships for several nurses. They made over 400 wood rose corsages for the wives of the doctors attending the Pan-Pacific Surgical Congress.

As individuals, they have participated in the Easter Seal Fund drive, immunization program of the Red Cross, in filing for the laboratory and x-ray, the YWCA, Republican Women, and the Girl Scout program.

Under the guidance of the newly elected president, Mrs. Burt O. Wade, and their medical advisor, Dr. E. Masanaga, the auxiliary members look forward enthusiastically toward another year.

The Woman's Auxiliary to the Maui County Medical Society was organized especially to promote fellowship between doctors' families, and to provide hospitality to visiting doctors and their wives. Mrs. Harold Kushi served as president for the 26 members the past year and Mrs. Joseph Ferkany was recently elected the new president. Drs. Clifford Moran, William Iaconetti and Seiji Ohata serve as the medical advisors.

The meetings of this auxiliary are social in nature and the activities have been limited by policies established by the medical advisors. Auxiliary members were advised last year to support, but not solicit, subscriptions to "Today's Health"; to encourage contributions to AMEF on an individual basis, and to support mental health program through other agencies rather than the auxiliary. This policy is apparently still in effect.

The auxiliary has an AMEF chairman and a contribution to AMEF of $25 was made by the auxiliary from their dues.

It has answered every request by the medical society for entertainment of visitors and the members are ready to accept any other assignment or enter into any project if requested by the medical society.

The president reports that three members have been trained in home nursing and six in first aid. One member teaches home nursing and another teaches first aid. Three members' homes are prepared for disaster. One member serves as executive secretary to the Maui Cancer Society. Additional service, also as individuals, is given to the Rehabilitation Center, Mental Health Association, the voluntary health agencies, Red Cross, Hale Makua (one member is president), Boy and Girl Scouts, 4-H, University Extension, partisan and non-partisan politics, Historical Society, Visitors Bureau, Outdoor Circle, etc. Two members are directors of the Maui Children's Home; and three are members of the Maui Health Council, two of these being directors.

The officers, members-at-large, and chairman of the **Woman's Auxiliary to the Hawaii Medical Association** have the task of providing a flow of information back and forth between the county and national auxiliaries by meetings and receiving and sending of reports. We are pledged to promote the best use of the national program by each county auxiliary in which it can be useful and is approved by the medical society. We are charged with interpreting the purposes and policies of the auxiliary and advising on methods of procedure to accomplish the objectives.

As a territorial body we meet in convention only once a year in May. The executive board meets before and after the convention and once during the interim. Much can be accomplished with few meetings if those who must promote the program can all be present and if sufficient time is allowed for conduct of business.

Representation on our executive board has been limited to the officers and members-at-large because of lack of finances to provide transportation to meetings. Even with a small board there has never been 100 per cent attendance because some neighbor island members could not attend. This has been a great weakness in our organization and we have now become convinced that a change must be made. If our territorial auxiliary is to properly carry out its function, the county presidents and territorial chairman who are responsible for getting the work done must serve as members of the board. Planning cannot be effective by mail. Understanding and enthusiastic support cannot be stimulated always by remote control.

At the beginning of the year the president hoped to work toward creating a better understanding of the role of the auxiliary to the members as well as to the doctors. The members of the medical advisory council, Drs. Homer Izumi, as chairman, Arnold, Jr., and Clarence Fronk have been most helpful in clarifying our relationship on a territory-wide basis. Usually the president makes a visit to each county auxiliary one time during the year and provision has been made in the budget for her transportation expenses. Because of the national priority program's including a request for evaluation, and in the belief that a board meeting with full attendance would be more effective than a president's visit to each island, approval was sought and granted to spend the president's travel fund for transportation of neighbor island board members to Honolulu for a meeting. The county presidents and territorial chairman were invited to attend at their own expense as guests. The meeting was carefully planned, with the help of the medical advisors, and 22 attended, with every island represented. The president of the Kauai Auxiliary accepted the invitation but those of Maui and Hawaii were unable to come.

For the first time auxiliary members, responsible for the program, met in an all-day orientation and planning conference. Drs. Izumi and Arnold joined us for luncheon and their discussions of the role of the auxiliary and the medical societies were enthusiastically received. It is certain that each member left that conference with a more thoughtful understanding and appreciation of our responsibilities as doctors' wives, organized to assist the medical profession, and of how to do the job, if given the opportunity. Since that time Dr. David B. Allman's message in the February 22 issue of JAMA has further extended our understanding of our relationships.

One major clarification made that day was that auxiliary members' activities in the field of health education, legislation, public relations, etc., in cooperation with other organizations in the community should always be made contributions *as auxiliary members* and not *as individuals.* Our medical advisors pointed out that whatever we do in these fields, we should make it clear that we are interested as auxiliary members as a means of helping the medical profession extend such services in the community. All of these activities should be encouraged and members should be asked to report such efforts for inclusion in the auxiliary annual report.

It was also pointed out that the auxiliary, with the approval of the medical advisors, has many opportunities to offer services in the community which definitely follow the national program and which are really needed. Examples cited were the opportunity to offer services to aid in traffic safety and to establish or help man poison detection centers where they are needed.

As the county presidents and chairman have felt the lack of opportunity to meet to plan together and discuss auxiliary objectives with each other and their medical advisors, so too have the territorial presidents felt handicapped by not participating in the meetings of the national auxiliary. One major obligation of each state president is to attend the annual convention and the fall president's conference. Hawaii has never been represented at these meetings by the delegates who carry the major responsibility. Picture the effectiveness of the annual convention if every delegate was just one of the members of the auxiliary who happened to be going and was willing to represent her state. We must plan for funds to be provided from some source to assure the auxiliary that every future president will attend at least one, if not both, of the annual meetings of the national auxiliary.

Here, let us express our deepest gratitude to the Hawaii Medical Associaiton for your understanding of our need for funds to provide for our operational expenses, which include transportation. We appreciate your generosity in offering to provide us a portion of the registration fees for the Hawaii Summer Medical Conference. This will

assure us of representation at the coming annual meeting of the national auxiliary and of additional funds for transportation of our own board members to our meetings. We hope you will help us in planning how to become financially solvent to assure that our future needs will be met. We stand ready to serve you at any time, in any way. Tell us what we can do and how we can serve.

In evaluating the activities of each county auxiliary, we note that only the Honolulu County Auxiliary is making a real attempt to carry out the priority program of the national auxiliary. While each auxiliary is serving a valuable purpose, it is hoped that this report will cause each medical society to make their own evaluation, together with the auixliary; to re-examine the present role of the auxiliary in the light of what it may accomplish for the society and the community.

Dr. Allman has said that "whenever and wherever a woman's auxiliary has been given the direction and the opportunity to serve the profession or the community, there have been visible, impressive results." The members of each county auxiliary have offered their services. They have been successful in every effort in the past, and as they are granted your confidence and advice and requested for help in the future, their success will continue.

The officers, members-at-large, and chairman of AMEF, Civil Defense, Hospitality, In Memoriam, Publicity, and "Today's Health" committees, the executive secretary of the Honolulu County Medical Society who serves as our auditor, and the staff of the Hawaii Medical Association have each shared in making this report possible. With plans underway to amend the bylaws to provide for county presidents and territorial chairmen to serve as board members; with a closer relationship with our medical advisors; and the medical association; with a clarification to all county auxiliaries of their role in relation to the objectives; and with the glimmer of hope that we will be financially self-sufficient eventually, this report concludes a year of planning for a new road to our goal.

MRS. JOHN W. DEVEREUX

Report of the Woman's Auxiliary to the HMA: Your committee thanks Mrs. Devereux for her report and wishes to express its heartfelt gratitude to the entire Auxiliary for their countless, self-less services throughout the past year.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

COMMITTEE ON PHYSICIANS' AID FUND

On May 21, 1957, President Samuel Yee appointed an ad hoc committee, composed of six Honolulu doctors, to investigate and report the establishment of a fund to be used in assisting members of the Association, their widows, or dependents, who might be in pecuniary distress.

The committee has sought counsel and advice from local business men and top trust company personnel. In addition the committee has received printed information from other state societies who have such plans in operation. The expressed opinions of the committee members along with the above format have been discussed freely on the occasions of the five meetings held during the year. In consequence we are prepared to make the following recommendations to the Hawaii Medical Association:

A. **Establishment of the Fund:** (1) It is recommended that each active member of the HMA be assessed $10.00 a year for five years. During this period approximately $25,000 should be collected. The amount collected each year to be turned over to a Physicians' Aid (or Benevolent) Committee for investment through an acceptable trust company. In order that an amount capable of producing income can be obtained, no monies are to be disbursed during the five-year period. (2) At the end of five years only the interest earned should be made available for expenditure; if additional funds are needed for any year, additional assessments should be made so that the principal would not be reduced. (3) It is impossible to anticipate the possible need for such funds in the future. Therefore, our recommendation with respect to the amount needed and the period over which it should be collected is not arbitrary.

B. **The Physicians' Aid Committee:** (1) We suggest that a new committee of the HMA be established consisting of four members: one member of the House of Delegates, the Treasurer, and two members from the active membership. All except the Treasurer are to be appointed by the President. Members of the committee shuold be appointed in a manner to produce adequate continuity of experience by overlapping terms. (2) This committee shall select its own chairman and shall have absolute and confidential jurisdiction over the distribution of such funds as placed in its hands, except that it is answerable to the Council of the HMA. No money shall be paid from its funds except as authorized by its chairman and the Treasurer. An annual audit shall be presented to the Council of the HMA, the names of the beneficiaries being omitted. All beneficiaries may be designated by number and following the annual audit, all communications tending to identify the recipient shall be turned over to the appointed trust company for safe keeping. (3) This committee may solicit subscriptions, donations, and legacies to be added to the principal of the Physicians' Aid (or Benevolent) Fund. (4) The committee shall supervise the investing of the principal through the appointed trust company.

C. **Disbursement of the Physicians' Aid Fund by the Committee.**

1. *Purpose:* For the relief of pecuniary distress of sick or aged members or the parents, widows, widowers, or children of deceased members, and for the relief of pecuniary distress of members resulting from catastrophic emergencies. Only members who have been active at some time will be eligible for assistance.

2. *Procedure:* Requests for aid may come from any member of the HMA, as well as from other sources, and should be directed to the Secretary of the County Medical Society or to the Treasurer of the Hawaii Medical Association. A physician member of the County Society is then chosen as sponsor of the proposed recipient. The sponsor may be the family physician, or should at least have some acquaintance with the individual or his or her family. The sponsor investigates the needs of the individual and checks his income from all sources. He may suggest to the committee what financial aid is necessary, on either monthly or quarterly basis, to maintain the recipient as needed. All monies paid from the treasury of the fund must be on a warrant signed by the Treasurer and the Chairman of the committee, and the names of the recipients must be kept confidential, insofar as possible.

3. *Final Determination:* The committee then considers all data submitted and in certain cases may make its own investigation. An allocation is finally agreed upon and a check is sent to the recipient. The committee shall keep in touch with the current needs of the recipient.

VERNE C. WAITE, M.D.

Physicians' Aid Fund: Your committee feels that this report represents a great deal of careful and painstaking planning and heartily endorses both the intent and the content of the report. We feel, however, that before these recommendations are put into effect, it would be advisable to check the tax deduction feature of the plan and also to refer the entire plan to the several county medical societies for their approval, in order to secure approval for the proposed annual assessment.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

MEDICO-LEGAL CODE OF HAWAII

The fact that personal injury litigation now constitutes by far the largest single item on the calendars of American courts implies that the proper administration of justice requires the endeavors of the medical and legal professions.

Impelled by this necessity, the Honolulu County Medical Society and the Bar Association of Hawaii have combined their efforts toward more effective cooperation and have undertaken a serious effort to become aware of each other's problems and techniques.

In July 1956, a member of the Executive Board of the Bar Association of Hawaii appeared before the Board of Governors of the Honolulu County Medical Society for the purpose of discussing the creation of a joint committee comprised of members of each profession. Soon thereafter such a committee was activated for the purpose of studying the mutual problems of the professions in Honolulu.

As a consequence of this combined effort, this committee, following the examples already set by other areas, has formulated an interprofessional code which it is hoped will conduce to the greater effectiveness of both professions in the field of forensic medicine.

It is hoped that the code will give rise to an ever increasing cordiality between the two professions, members of which have been found qualified by test of ability and good character to serve a public which requires and is entitled to receive the best that each can offer.

Pursuant to these principles the Honolulu County Medical Society and the Bar Association of Hawaii have adopted the following code. While both the Bar and the Medical Professions recognize that they are without authority to make the code binding as a matter of law, it is their feeling that its violation will represent failure to observe the highest standards of each.

Medical Reports

General

1. A physician shall not divulge medical information concerning a patient except upon proper authority of the court or patient.

2. In view of the privileged nature of certain physician-patient communications, it is the physician's duty to notify the patient of such a request so that this privilege may be exercised if so desired.

Attorneys' Responsibilities

1. The attorney's request should clearly specify the desired information as to diagnosis, prognosis, present physical condition, treatment, causation and disability evaluation. If a physical examination is requested, the nature of such an examination should be clearly specified.

2. The attorney should recognize the fact that frequently reports cannot be prepared on short notice and that adequate time should be permitted to provide for a more comprehensive and satisfactory report.

Physicians' Responsibility

1. Upon receipt of a request, the physician should, whenever possible, furnish such information promptly. Medical terminology should be kept at a minimum and the report should be specific, comprehensive and concise.

Medical Testimony

1. In most instances a conference should be held between the physician and the attorney who proposes calling him as a witness at some mutually convenient time and place, at which full disclosure of information and proposed interrogation should be made.

2. The physician should be advised prior to the service of a subpoena, and the attorney should notify the physician as far in advance as possible as to when he will be called upon to testify and keep him notified as to any changes in time as they arise. The physician should arrange to appear promptly when requested to do so.

3. When a physician, who has agreed to offer testimony, is approached by attorneys or other representatives of parties with adverse interests, he should be frank about his prior commitment, notify the attorney for the party for whom he has agreed to testify, and thereafter be guided by the advice of the latter's attorney.

4. The physician, while testifying, should:
 a. At all times maintain the dignity of his profession.
 b. Answer questions concisely and objectively, using terminology, when possible, which is understandable to a jury of laymen.
 c. If he is unable to answer with certainty, he should so advise the court. Testimony should not be volunteered. In the event of any doubt, the physician should request the court's instruction.

5. The attorney in examining or cross-examining the physician should:
 a. Realize that the relations between the attorney and the physician should be based on courtesy and understanding and should avoid browbeating and badgering the physician.
 b. Cooperate with the physician by minimizing, as far as practicable, the time required for the physician to remain in court.

Compensation for Services of Physicians in Litigation Matters

A physician is entitled to reasonable compensation for his services and may properly request that arrangement for such compensation be made. Such fee shall in no case be made dependent on the outcome of the trial.

The attorney should assist the physician in securing payment of his compensation.

Medico-Legal Code of Hawaii: Mr. President, your committee carefully studied this proposed Code and wishes to recommend to the Medico-Legal Committee several specific modifications, none of which affect the basic principles involved, which we approve without reservation.

In paragraph 1, insert the word "should" after physician and insert the words "without his written consent" after the word "patient" at beginning of line 2.

In line 2, place a period (.) after the word "authority" and delete the words "of the court or patient."

Delete Section 2 entirely since Section 1, as reworded, makes it superfluous.

In line 6, change the first word from "The" to "An."

In line 8, change the period (.) after the word "evaluation" to a comma (,) and insert "and should include the patient's written consent to disclose the desired information."

Below under "MEDICAL TESTIMONY," delete in the first line the words "a conference should be held between" and insert in the following line after the word "witness" the words "should confer."

In Section 3, line 1, delete both commas.

Under No. 4, c, move the words "if he is unable to answer with certainty" to the end of this sentence; delete the words "he should so" and capitalize the letter A in "advise." In the next sentence add the words "except when necessary to qualify an answer."

Under No. 5, a, in the third line change "browbeating and badgering" to "browbeating or badgering."

In the next to the last paragraph, the first sentence should begin "Unless testifying purely as to facts."

In the second line insert the words "of the attorney" after the word "request."

ACTION:

Mr. President, I move the adoption of this portion of the report.

The motion was seconded and carried.

CODE OF COOPERATION

PREAMBLE

A Statement of Principles

The Code of Cooperation has one guiding purpose: To furnish medical news to the public which is accurate and authentic.

It is not a code of censorship.

It is not a code of suppression nor individual whim.

It imposes specific duties and responsibilities upon the news media, the medical profession and the hospitals.

In order for the Code to function, those responsibilities must be met fully and willingly.

By participation in the Code, the news media agree:

1. To consult qualified sources for medical stories, living up to the spirit and letter of the Code of Cooperation in seeking such sources and stories.

2. To present fairly and accurately news thus gathered, so that public confidence can be unequivocal in medical reporting.

The doctors and the hospitals agree:

1. To be available to news media, within the spirit and letter of the Code, and insofar as possible, within the time requirements of the media.

2. To cooperate without mental reservation or personal exception with the Code and with the news media.

If, on either side, the Code is corrupted to provide personal glorification—and only that—for a doctor, an institution, a writer, or a news medium, it cannot function.

If it becomes a weapon of reprisal, prejudice, or personal annoyance, it is useless.

Only by full, genuine, and wholehearted participation by the news media, the medical profession and the hospitals can the Code of Cooperation attain its eminent and desirable purposes.

To the goal of accurate, objective reporting of all medical matters and to free access of necessary medical information for such reporting is this Code of Cooperation dedicated.

CODE PROVISIONS

1. The executive offices of the Hawaii Medical Association shall be available at all times to representatives of the press, radio and television to obtain authentic information as promptly as possible on health and medical subjects. If the information desired is not immediately available, it shall be the duty of the executive officers either to obtain the information or to locate a competent authority from which the news media can obtain it directly.

2. Officers, committee chairmen or designated spokesmen of the Hawaii Medical Association may be quoted by names in matters of public interest for purposes of authenticating information given. A list of the current spokesmen of the Hawaii Medical Association shall be supplied to the representatives of the news media and shall be kept up to date. This shall not be considered by their colleagues as a breach of the time-honored practice of physicians to avoid personal publicity since it is done in the best interests of the public and the profession.

3. County medical societies in the Territory of Hawaii are urged to adopt a similar policy in regard to their offices, committee chairmen and other designated spokesmen. It is recommended that county medical societies prepare and keep up to date lists of current spokesmen comparable to those contemplated in Paragraph 2 above, and supply them to their local news media.

4. In matters of private practice, the wishes of the attending physician or surgeon shall be respected as to use of his name or direct quotation, but he shall give information to the press, radio and television where it does not jeopardize the doctor-patient relationship or violate the confidence, privacy or legal rights of either the public or private patient, as follows:
 a. In cases of accident or other emergency: the nature of injuries when ascertained, the degree of seriousness, probable prognosis.
 b. In cases of illness of a personality in whom the public has a rightful interest: the nature of the illness, its gravity and the current condition.
 c. In cases of unusual injury, illness, or treatment, the above information and any scientific information which will lead to a better public understanding of the progress of medical science. Any physician becoming aware of such a case is urged to notify the designated spokesman of his local medical society at once for immediate communication of appropriate information to the news media.

5. Each hospital shall designate spokesmen who shall be competent, in the absence or non-availability of the attending physician, to give authentic information to the news media in emergency cases at any time of the day or night without the necessity of approval by a higher authority. These spokesmen shall be made known to the proper officials at all newspapers and broadcasting stations in the community served by the hospital. Information shall be provided as rapidly as it can be obtained without interfering with the health of the patient. Nothing in this paragraph, however, contemplates the providing of any information which shall jeopardize the hospital-patient relationship, or which violates the confidence, privacy or legal rights of the patient.

6. In nonemergency cases, in the absence of or on the authorization of the attending physician, hospitals shall provide information to the news media on the same basis as provided in Paragraph 4, above.

7. Where information is given on hospital procedure, equipment, facilities for treatment, or other features of hospital service, hospital authorities shall be careful to refrain from giving the impression that such facilities exist only in the hospital named unless that is the ascertained fact.

8. Representatives of all news media, recognizing that the first obligation of the physician and hospital is to safeguard the life and health of the patient, shall cooperate by refraining from any action or demands that might jeopardize the patient's life or health.

9. When a physician or hospital authority is quoted directly and by name, representatives of the news media shall make certain to the best of their ability that the quotation is accurate both in content and in context.

10. On all matters of health or medical news, representatives of the news media shall make all reasonable effort to obtain authentic information from qualified sources indicated above before proceeding to publication or broadcast.

11. It shall be understood that speakers at medical meetings and local physicians connected with such meetings, whether sponsored by the Hawaii Medical Association or by other medical organizations, shall be accessible to the news media without prior approval by the Association. However, the responsibility for arranging for news media participation of physicians involved in meetings not conducted by the Association shall rest with the sponsoring group and not with the Association.

12. As a general policy, the Hawaii Medical Association will not express approval of the participation of physicians in public contro-

versies or political discussions or debates unless specifically approved in advance. Physicians shall not participate in public controversial discussions as spokesmen for the Territorial Association without prior approval by the Territorial Association. Nothing within this paragraph, however, shall be construed to prevent a physician from speaking as an individual without such approval.

13. Radio and television broadcasters shall refrain from involving physicians in programs whose sponsors may be unacceptable to the medical profession, such as patent medicine manufacturers.

14. Radio and television broadcasters shall limit introductions of physicians to one essential identification insofar as possible, such as "President of the Hawaii Medical Association" or "Chairman of the Public Service Committee" or "President of the Hawaii Heart Association," and in such introductions shall avoid unnecessary "build-up" of the doctor or doctors involved.

To All Concerned:

The Code contained in the preceding pages is, we hope, a living, dynamic document capable of sustained growth toward the shared goal of a public informed on medical news.

As the Preamble emphasizes, this Code is not a restrictive agreement or a "contract" in any sense. Rather, it is a cooperative effort and, as such, it is subject to continuing review and improvement. Experience will serve to designate weaknesses and perfectable strengths.

This Code imposes certain ethical and honorable responsibilities upon those who seek a common purpose within its framework. Its sole authority lies in the desire of all concerned to practice a closer cooperation for the public benefit. It stands or falls as a voluntary document. If "enforcement" ever should become an issue, to that extent this Code would fail of its aims. To the extent that, through willing joint effort, it frees useful, pertinent, and accurate information previously fettered by unavailability or distrust, in that measure it succeeds.

The Code of Cooperation Committee is empowered by the participating groups to interpret and implement the Code as specific problems arise. It has not been authorized to amend the language or discernible purposes of the Code.

Code of Cooperation (Press–Radio–T.V.): Your committee recommends endorsement and adoption of this Code with the understanding that it may require modification from time to time as we gain experience with it.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

RESOLUTION, THANKS

WHEREAS, The Annual Meeting of the Hawaii Medical Association is dependent upon many interested people aside from doctors to make it successful; and

WHEREAS, The generous contributions of local firms have been a contributing factor in making this meeting successful; therefore be it

Resolved, That a vote of thanks be given to (1) all the exhibitors who have taken booths for this meeting, and (2) all the firms which have contributed prizes for the annual golf tournament, and (3) the Coca-Cola Bottling Company for supplying free Cokes for the scientific sessions and the picnic, and (4) Pfizer Company for sponsoring the golfers' breakfast, and (5) Dairymen's, Ltd., for supplying the ice cream sundaes for the picnic, and (6) Johnston and Buscher, Ltd., for supplying the Michelob and canned beer for the picnic, and (7) American Factors, Ltd., and Mead Johnson for supplying the liquor for the picnic.

Resolution of Thanks: Your committee notes with pleasure that a resolution has been submitted by the Arrangements Committee to thank all of the exhibitors, firms, and individuals who have contributed so generously to the success of this meeting and recommends its wholehearted approval.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

COUNCIL MEETING MINUTES

Telephone Book Listings: Your committee agrees unanimously with the Council that the listing of Honolulu Specialists in the yellow pages of the neighbor islands telephone directories is unnecessary and we recommend that it be disapproved.

ACTION:

The Chairman moved adoption of this portion of the report.

The motion was seconded and carried.

The Chairman moved adoption of the report as a whole.

The motion was seconded and carried.

* * *

At the conclusion of the reading of the reports Dr. Yee thanked all the members for going along with the reference committee system and said he knew of no other time when the delegates had been so interested in the affairs of the Association. He also thanked Drs. Hartwell, Izumi, and Arnold, Jr., for guiding the delegates through the reference committee sessions. He also thanked those members who went to the reference committee meetings and took part in the discussions and who gave material aid to the committees.

The President then asked the Chairman of the Nominating Committee to come forward and read his report. Dr. Harry L. Arnold, Jr., read as follows:

NOMINATING COMMITTEE

The Nominating Committee met on February 24 and again on March 31, and as a result unanimously agreed on the following slate:

President-Elect.....John M. Felix, M.D.
Secretary.....Raymond C. Yap, M.D.
Councilors.....Shizuto Mizuire, M.D. (Hawaii)
John Alfred Burden, M.D. (Maui)

The doctors listed above are considered well qualified with considerable experience in medical society affairs. The committee has been assured that each doctor selected will devote a great deal of time and effort working for the interests and welfare of the Hawaii Medical Association.

Nominations from the floor were called for. Dr. Toru Nishigaya was nominated for president-elect. The nominations were closed and tellers were appointed. The votes were tallied and the following new officers were announced:

President-elect.....Toru Nishigaya, M.D.
Secretary.....Raymond C. Yap, M.D.
Councilors.....Shizuto Mizuire, M.D.
J. A. Burden, M.D.

The meeting was adjourned at 4:30 P.M.

SATORU NISHIJIMA, M.D.
Secretary



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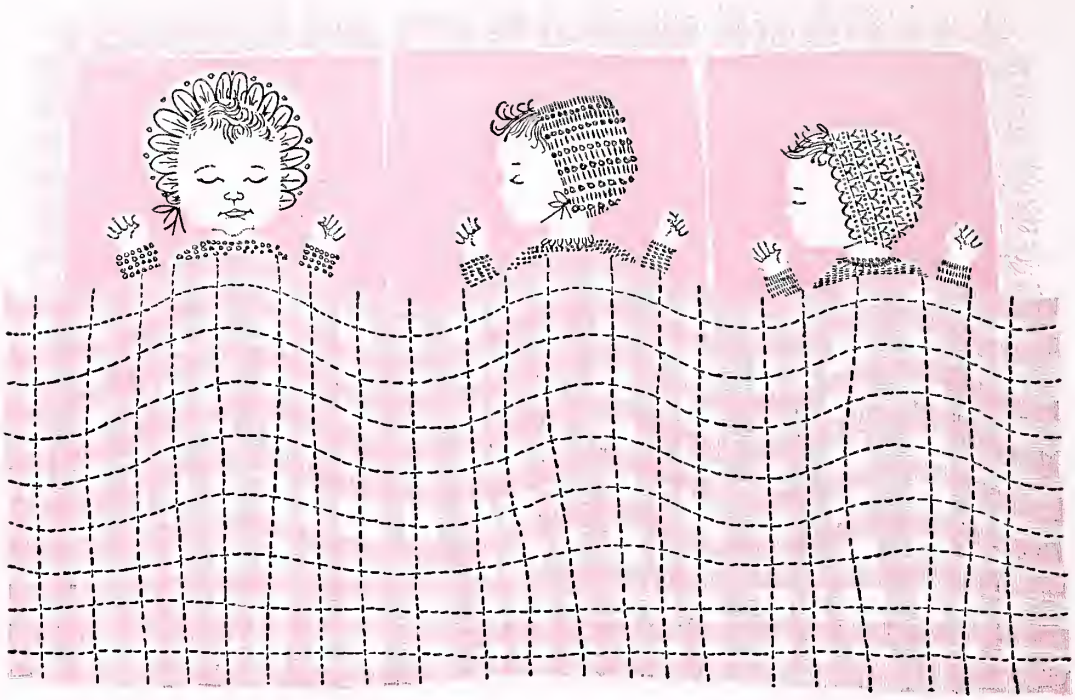
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HAWAII TECHNOLOGISTS' BULLETIN

Official Publication of the Hawaii Society of Medical Technologists

LYDIA C. MARTENS, *Editor*

MUN FOOK SHINN, *Associate Editor*

HMST Officers, 1958-1959

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Vice-President..LILLIAN TANAKA, MT (ASCP), Tripler Army Hospital
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Constitution and Bylaws.....LOUISE WULFF, MT (ASCP), Territorial Hospital
Program.....LILLIAN TANAKA, MT (ASCP), Tripler Army Hospital



HSMT OFFICERS FOR 1958-1959

Left to right: Steven Chinen, Clara Yuen, Margaret Thom, Elaine Chang, Lillian Tanaka, Dorothy Matsuo. (Not in the picture: Alice Tonchen and Edith Maeda.)

Our First Issue

The years 1957-58 will long be remembered by the Hawaii Society of Medical Technologists for the recognition the group received during that period. The pathologists and hospital administrators became aware of the acute shortage of medical technologists and the need for higher pay and more help in medical laboratories. The Territorial Legislature recognized the group as a source of fees and passed a law, in the closing hours of the session, to license medical technologists in the Territory along with midwives, tattoo artists, and others. The outstanding recognition, of which we are justifiably proud, has been accorded us by the editor of the HAWAII MEDICAL JOURNAL who, with true island aloha, has allowed us space in this excellent news organ. HSMT is duly thankful. We look forward to years of happy and helpful association.

LYDIA C. MARTENS

A Year of Achievement

Looking back over the year 1957-1958 we see definite progress and an increase in interest in HSMT. Our membership doubled and many members took an active part in the affairs of the organization. Ann Stegmaier, our Vice-President and Program Chairman, obtained outstanding speakers and authorities in their fields for our meetings. We are indebted to these doctors and scientists who gave us their time that medical technologists might be better informed in the recent advances in medicine and science. The speakers were: Drs. R. O. Brown, Tadao Hata, H. E. Bowles, Alex J. Steigman, Walter M. Bortz and Quentin C. Belles, and Mr. Harlan Hoffman.

We thank all who served so well this past year. We pledge our continued support to the new officers and the committee chairmen for the coming year as they strive to make it the *best* year.

ALICE TONCHEN, *Past President*

Hawaii Society of Medical Technologists

The Hawaii Society of Medical Technologists is a professional organization whose parent organization is the American Society of Medical Technologists. Members of this organization must qualify in education and training and by examination under the rules and regulations of the Board of Registry of The American Society of Clinical Pathologists. The ASCP established the registry examination and standards in 1928. After a thorough test conducted by the Registry, successful applicants for a certificate are designated as Medical Technologists—MT (ASCP)—a title nationally recognized by the medical profession and hospital management. Training schools for medical technologists must be approved by the Council of Medical Education and Hospitals of the American Medical Association, cooperating with the American Society of Clinical Pathologists.

Medical technologists who receive their professional education at the University of Hawaii and affiliated training laboratories, all of which are approved, graduate with a Bachelor of Science degree in Medical Technology. Hawaii graduates have consistently finished with grades in the upper third group in the qualifying ASCP examinations.

HSMT was organized in 1949 and chartered on June 15, 1950, by the American Society of Medical Technologists. For the past nine years it has endeavored to uphold the principles and practices as established by the Board of Registry. Past presidents of the organization are: Louise Wulff, Jessie Meador, Grace Oishi Kagawa, Marguerite Beatty, Susan Young, Lydia Martens, Elaine Uyehara, and Alice Tonchen. Clara Yuen was elected at the Ninth Annual Convention which was held on May 16 and 17, 1958. Miss Yuen is on the staff at The Queen's Hospital, in charge of the tissue culture project.

SUSAN YOUNG

Echoes of the 1958 HSMT Convention

The 9th Annual HSMT Convention, held in Honolulu May 16 and 17, began with a tour of the Rehabilitation Center of Hawaii (where the "hopelessly" crippled learn to help themselves again) with explanations and a talk by "Rehab's" genial public relations man, Mr. George Patterson. This was followed in the evening by a business meeting held at The Children's Hospital. Officers were elected and reports were quickly completed except for the Legislative Committee chairman's report. The animated discussion of territorial licensure was halted only upon the arrival of our speaker for the evening, Dr. Ralph B. Cloward. Dr. Cloward, in his inimitable manner, spoke on "Recent Trends in Neurosurgery."

The Installation Banquet was held at the Princess Kaiulani Hotel on May 17. Dr. James H. Humes of the U. S. Navy Medical Corps spoke on "Medical Technology: Then—Now—Tomorrow." Dr. Humes emphasized the need of keeping up in techniques with the rapid advance of medical science.

Other guests at the banquet were Mrs. James H. Humes, Dr. and Mrs. Ralph B. Cloward, and Mr. and Mrs. H. C. Simonson, Publishers and Editors of *Lab World*.

Looking Ahead

"Keep informed of the latest advances in laboratory medicine," was the advice given by Dr. James H. Humes, our guest speaker at the 9th Annual Convention of HSMT. With this in mind, we, the newly elected officers, have included an educational program in our activities for the year. Seminars are planned, under the sponsorship of HSMT, and will be given by our pathologists and members of our Society who specialize in the various fields of medical sciences such as hematology, blood banking, clinical chemistry, microchemistry, tissue culture, serology, virology, parasitology, bacteriology, and medical mycology.

Workshops are also planned in several different fields for the medical technologists who have expressed a wish for refresher courses.

Monthly meetings will be supplemented by guest speakers, as in the past. We are all very grateful to the physicians who have given so generously of their time and knowledge. They have contributed much toward broadening our understanding of medicine and the "why" of ordering particular tests, which might be tedious and time consuming to the technologist.

It is hoped that this educational program will result in a free exchange of ideas and new techniques and help in the solution of problems encountered in every department of a laboratory. This should result in greater service to the physician as well as to the patient whose life, at times, may be in the hands of a medical technologist.

The mimeographed program, giving dates and fields covered, should be in your hands by the time this goes to press. Your HSMT officers hope that you, as medical technologists and members of a professional organization, will avail yourselves of this opportunity to keep informed on scientific advances and contribute your share to the success of this educational program.

CLARA YUEN, *President*

Profession or Taxes?

In the final 1957 session of the Legislature of Hawaii, a law was passed requiring, among others, tattoo artists, midwives, laboratory directors, and laboratory technicians to be licensed in the Territory. The apparent and immediate intention of the law was for the collection of revenue. It was discovered that such groups had not been catalogued locally. The consideration of such a law was not presented to the public at that time.

Thirty years ago, the American Society of Clinical Pathologists recognized the necessity for adequate training requirements for laboratory personnel who were occupied in problems of the diagnosis, treatment, and prevention of human diseases. Consequently, the Registry of Medical Technologists was organized for surveillance and standardization for the practice of these workers. Today its function is supported by the medical profession and accredited hospitals as the only authoritative qualifying body for its field. Its aim is the protection of the public, of the patient, and of the doctor.

Since its original code of laws on a national level, the ASCP and the Registry have opposed state licensure for many reasons, believing it was detrimental to the practice of medical technology in general. For an increasingly complex field, the need is being considered to raise the requirements, with more advanced training in the medical sciences. The future will demand specialization in the average routine laboratory.

Many legislative bodies are not aware of the present controls of scientific workers. Of course, it is the ambition of the inadequately trained individual to take a "free ride" on a professional status. With less than minimum training and experience, the worker would be a menace to public health. There are dangers of laboratory procedures even when done by an expert. A person does not become a professional in a field because a law says so, or by the granting of a license.

As the law has been passed in Hawaii, the ensuing rules and regulations should be of the people, by the people, and for the benefit and protection of the people. There is no question that governmental funds are desired, but the control of an established profession appears superfluous.

If revenue is the chief object of this law, let the basis of licensure rest on the handling of laboratory equipment only, disregarding qualifications. If standards are involved, may the rules and regulations be adequate for the protection of the public health—now and for the future!

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INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

ROSIE CHANG, *Editor*

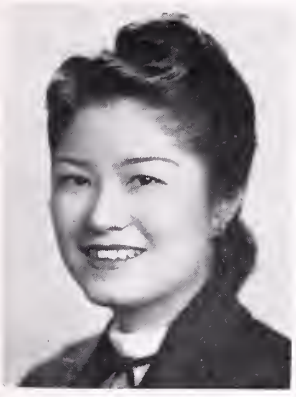
FLORA OZAKI, *Associate Editor*
KATSUKO TAKIGUCHI, *Associate Editor*

HAZEL KIM, *Associate Editor*
MILDRED KIM, *Associate Editor*

OLIVE C. PRIDGEN, *Executive Secretary*

Editorials

EDITORIAL STAFF CHANGES



FLORA OZAKI

Mrs. Flora Ozaki replaces Mrs. Doris Beccio as Associate Editor, Clinical and Technical Division. Mrs. Beccio returned to the Mainland. Flora is a 1943 graduate of The Queen's Hospital School of Nursing. She received a public health nursing certificate in 1945, a Bachelor's Degree in nursing from the University of Hawaii in 1948, and a Master's Degree in education and maternal nursing from Teachers College, Columbia, New York, in 1954. At present Flora is instructor in Maternal and Child Health Nursing at the University of Hawaii School of Nursing.



KATSUKO TAKIGUCHI

Miss Katsuko Takiguchi was appointed Associate Editor of District News. Kats is a 1951 graduate of The Queen's Hospital School of Nursing. She received her Bachelor of Science Degree in psychiatric nursing and public health nursing from the University of Washington in 1955. She is active in NADO. She served as Secretary and is now a member of the Board of Trustees. Kats is on the supervisory nursing staff at the Territorial Hospital. She is immediate past editor of the Territorial Hospital newspaper.



HAZEL KIM

Mrs. Hazel Kim filled the vacancy in the General Interest Division. Hazel received her basic training and Bachelor of Science Degree in nursing education from Catholic University of America, Washington, D. C., in 1950. At present Hazel is assistant director in nursing education, St. Francis Hospital School of Nursing and is President of NADO.

CONVENTION BITS

"Calling all conventioners! Calling all conventioners! Convention time is near! Remember to save your pennies! Remember to mark the days off on your calendars! October 9, 10, and 11! Those are the dates! Remember the convention! Over!"

Principal speaker during the convention will be Margaret Carroll, Assistant Executive Secretary of the American Nurses' Association.

The traditional banquet will be held at the Princess Kaiulani Hotel with an optional cocktail hour preceding the banquet. After-dinner speaker will be Governor William F. Quinn.

Like to go sailing? Well, plan on going during one of the convention evenings . . . romantic night under the Hawaiian moon and stars . . . Mmm . . .

We have other surprises lined up for you. But 'nuf said for now. See you in October!

Nursing Education and Nursing Service

IN-SERVICE PROGRAMS

The Queen's Hospital

Our program for promoting growth of our nursing personnel is coordinated by a committee on In-Service Education. This committee plans the programs on the basis of expressed needs of the staff. The actual presentation of the program is handled by personnel on our nursing as well as our medical and other hospital staff.

Each program is presented two times on separate scheduled days—one at 2:30 P.M. and another at 8:00 A.M. Our 2:30 P.M. session is geared for our evening nurses who routinely begin work at 3:00 P.M. and the 8:00 A.M. session is geared for our night nurses who are off duty at 7:00 A.M., an hour before the program. Personnel on day duty are scheduled to attend one of these two sessions.

The following is a list of our program for the last three months:

March—"Ileo-Bladder—Its Surgical Aspects and Nursing Care" (Doctor and Nurse participant)
April—"Team Nursing"—Role Play by Senior Students in Advanced Nursing Class
May—"Leadership and Working Together"—Personnel Director

Plans for our June program are now under way, and we hope to have our assistant pathologist speak to our nurses on the "Artificial Kidney."

Most of our programs have been lectures, but with time provided for questions. We have also had several practice sessions to learn the mechanism of new equipment such as the Cofflator, Bennett-Valve Positive Pressure Machine, and the Hypo-Hyperthermia Blanket. These have been conducted by our head nurses, supervisors, and clinical instructors. These are planned and conducted as the need arises and are separate sessions from the monthly programs.

Our emphasis in in-service education has been on programs for professional nurses but one of our clinical instructors has been responsible for the programs for Nurses' aides and orderlies. These classes are review classes in basic procedures, and include demonstrations for skills and understanding in connection with new equipment.

Printed notices of all scheduled programs with information on the topic, speaker and dates are sent to all nursing divisions one week in advance. They are also announced at our head nurses and supervisors' meetings which are held bi-weekly. We are experimenting with the use of printed notice of our program on a green sheet of paper with the hope that our nursing personnel will associate the green slips on the bulletin boards with staff education.

Along with the In-Service Education Committee, we have an Orientation Committee which has a complete outlined program to expedite orientation of the new nurses to our hospital and to the nursing division to which they are assigned. Two review classes on basic procedures are conducted on Monday and Wednesday when new nurses are started on our staff. Head nurses on the division continue with follow-up orientation and adjustment of the new nurse.

With the combined efforts of the In-Service Education and Orientation Committees we feel that we are attaining our objectives of staff development, and adjustment of the new nurse to our hospital.

MILDRED A. KIM, R.N.

Army Hospitals*

The changing concept of nursing demands more of the Nursing Service Personnel's time on administrative functions. One of the four basic areas included in Nursing Service is teaching. This area is divided into three distinct sections of teaching and is accomplished through continuous in-service education programs:

1. Patient teaching.
2. Teaching Professional Nurses.
3. Training of Nonprofessional, Nursing Service Personnel, enlisted and civilian.

In a large Army hospital the position of Educational Coordinator must be assigned to an Army Nurse Corps Officer who has the educational background and training to teach, as well as proficiency in the practice of clinical nursing. She is responsible for the planning, coordination, supervision, and control of the in-service educational program, professional and nonprofessional. This does not prevent her using the knowledge and skills of other nursing service personnel in the conduct and coordination of her total program.

In smaller hospitals the nurse instructor may serve as educational coordinator and instructor, based on the scope of her program. In selected hospitals where special courses are conducted, nurse instructors in the specialty are assigned, such as operating room, anesthesia, and obstetrics. Their teaching programs are usually independent of the educational coordinator's program.

* Condensed from a paper presented at the Nursing Service Institute in November, 1957, at the Reef Hotel, Honolulu. The Institute was conducted by the American Hospital Association in cooperation with the National League for Nursing and sponsored by the Hospital Association of Hawaii and the Hawaii League of Nursing.

The Chief of Army Nursing Service is responsible for the selection of the person who is to serve in the capacity of Educational Coordinator. The Educational Coordinator, or nurse instructor, must demonstrate a sincere liking for people and a sympathetic understanding of their needs. She must be a graduate of an accredited school of nursing and have a Baccalaureate Degree from a recognized college or university where emphasis of study has been nursing, nursing education, or nursing administration. In instances when the available person for the job possesses the necessary qualification but has not completed work for her degree, the Chief of Nursing Service may give due consideration to her graduation from the nursing administration or hospital administration course of the Army Medical Service School. The assignment of a person not fully qualified for the position of Educational Coordinator would be approved only in the case of emergency and the unavailability of a fully prepared person.

The latter method prevailed during the war years. The nurse instructor was selected who had progressive nursing experience in a military hospital because she was familiar with the organization of the Army Nurse Corps and the Army Medical Service. Wherever members of the Army Nurse Corps are on duty a continuous in-service program is conducted to meet the needs of nursing service personnel.

In-service education was the tool used for the training of professional and nonprofessional personnel. However, one would mention the orientation program, ward conference, class, or on-the-job training rather than in-service education program.

Members of the Army Nurse Corps are given the opportunity of attending workshops on staff education and in-service education. Personnel in teaching positions are usually given preference to attend these courses. In October, 1949, I was a participant in a "Workshop in Building a Staff Education Program" at the University of Pittsburgh, Pittsburgh, Pennsylvania. Nineteen Army Nurse Corps officers attended this workshop and prepared five reports on the topic "Building a Staff Education Program." The participants represented states well scattered over the United States and the age, experience, and rank of the individuals varied, which enriched the discussions and improved the quality of the reports prepared. The topics of the five reports covered a range of problems closely related to the main topic. One of our field trips at the workshop included a tour to the Eye, Ear, Nose and Throat Hospital where we observed some of the training program.

In December, 1956, a postgraduate workshop on in-service education for army nursing service personnel was conducted at Walter Reed Army Medical Center, Washington, D. C. One seminar group had as their problem: "To formulate principles and guidelines to assist those concerned with planning, organizing, implementing, conducting, and evaluating in-service personnel." Some of the guidelines formulated by the group were:

1. Must have a program which is educationally sound and economically feasible.
2. Must have a climate conducive to learning.
3. Must provide for maximum participation on the part of all concerned.
4. Must have support from top to bottom.
5. Must consider the individual needs and interests of those for whom it is intended.

Another workshop was scheduled for March, 1958, for in-service education for nursing service personnel at Walter Reed Army Medical Center, Washington, D. C. Graduates of these courses are in a position to make a large contribution to the in-service education programs by imparting the knowledge they have gained to other nursing service personnel.

The objectives of an in-service program should be:

1. To promote development and growth for all categories of nursing service personnel in army hospitals that will result in better patient care.
2. To facilitate orientation.

To assist in setting up an in-service program, I give you the principles of in-service education as applied to army hospitals:

1. It should develop group morale.
2. It should give the personnel a feeling of belonging to the group.
3. It should encourage democratic cooperation of members of the Nursing Service Personnel in the solution of their problems.
4. It should provide for careful planning and evaluation.
5. It should be recognized for its needs and values by the entire nursing staff.
6. It should provide opportunities for the personnel to develop the ability to assume responsibility for leadership.
7. It should be concerned with new developments and new discoveries in medicine, nursing, and the allied fields.
8. It should encourage and foster selecting of subject matter on the basis of needs, interests, and abilities of the personnel.
9. It should be presented in terminology suitable to all categories of nursing service personnel.
10. It should provide for advance notices of meetings and subjects.
11. It should be scheduled at a time when personnel on the evening and night tours could participate.
12. It should encourage attendance at the meetings through good salesmanship.
13. It should make provisions to disseminate information to all personnel who were unable to attend the meetings.
14. It should allow for creative thinking.
15. It should encourage opinions and suggestions from the group.

16. It should provide an opportunity for the individual to help in establishing policies.
17. It should extend invitations to other members of the hospital staff to attend the meetings.
18. It should motivate the personnel to participate actively with other professional groups on a local, state, and national level.
19. It should result in familiarizing all of the personnel with activities that are pertinent to the installation.
20. It should assist each member of the nursing service to become more adept in the techniques and skills in giving care to the patients.
21. It should provide for job satisfaction.

The Chief of Army Nursing Service promotes growth and development in her staff through the use of conference and group discussion techniques. These conferences are an asset to all concerned. They learn to cooperate as a group and to coordinate all activities relating to nursing service.

The following is a description of the in-service education program that is carried out at Tripler U. S. Army Hospital.

The Chief, Nursing Service, conducts a supervisor's meeting every Friday in her office. The supervisors disseminate this information to their head nurses at the bi-monthly conferences and on their daily rounds. The head nurses hold a minimum of two in-service education programs a month on their wards. The patient's lounge is mainly used as a conference room. A written report of these programs are submitted by the twenty-fifth of each month to the respective supervisors. The reports include the subject, the date given, name of the instructor, and the length of instruction. The reports are consolidated by the supervisors and submitted to the Educational Coordinator by the twenty-seventh of the month. This report is then forwarded to the Educational and Training Branch in Washington, D. C., not later than the twenty-eighth of the month.

In my department, Centralized Material Section, a weekly in-service education program is conducted. Classes are held in the section on Wednesday afternoon for approximately thirty minutes. They are presented by personnel assigned to the section. A library is maintained in the department for their daily use and also serves as a ready reference for their class preparation. There is a blackboard in the workroom that is used for duty notices and for class periods.

The personnel have been issued notebooks and pencils and are required to take notes. This will assist them in their daily routine and give instructions to their coworkers who are off duty during class periods. Nursing service personnel are invited to attend these conferences. Occasionally members of the other departments are requested to be guest speakers at the in-service program.

The professional nurses' in-service educational program is held monthly. The In-Service Committee was appointed by the Chief, Nursing Service. There are nine members on the Committee. The Assistant Chief, Nursing Service, is Advisor, and one of the Educational Coordinators is the recorder, then there is a chairman and six other members.

The in-service program is a required conference and will be attended by all members of the nursing staff unless excused by the Service Supervisor. Only nurses on the evening tour of duty or those having a day off will be excused. Civilian nurses will receive credit of training by attendance. All programs are held in the conference room of the hospital.

A pamphlet is printed in advance and contains all activities for the year. At this time an in-service program is going on at Tripler U. S. Army Hospital. The topics are "Changes in Obstetrical Nursing Within the Last Decade" and "Hypnosis and Its Use in Obstetrics." The guest speakers are the Obstetrical Supervisor and one of the obstetricians from Tripler.

In conclusion, the primary purpose of nursing service administration is the provision of optimum nursing care of all patients. Nursing service personnel can be stimulated in giving better care to their patients through in-service programs. These programs should include subjects that will be beneficial to the professional and nonprofessional personnel at all levels.

As long as a nurse is engaged in practicing her profession she must keep up with the changing concepts. By doing this she may hope not only to improve mentally, physically, spiritually, and socially, but also be able to infiltrate and to disseminate this knowledge to her coworkers. A true evaluation will be demonstrated and will be quite obvious in better satisfaction and better comfort to the patient, the primary objective of the hospital.

PHILOMENA A. PAGANO, R.N.

The Territorial Hospital

No institution can deny the need for in-service training program. Especially is this vital when the staff varies from professional nurses to hospital aides, who have never been in a hospital situation before, and yet both are responsible for the care of the patients in specific areas.

The Territorial Hospital in-service program consists of three major areas: orientation, on the job training, and staff education.

Orientation begins as soon as the new employee arrives at the hospital. The new employee is inter-

viewed by the nurse instructor and supervisor. An individually planned orientation program is set up to meet the specific needs of the employee. For example, a nurse who has affiliated with us during her training would not need as much time as a nurse who is unfamiliar with the hospital organization.

Orientation consists of familiarizing the new employee with her new surroundings, patients, coworkers, hospital policies, procedures, and routines. This process begins immediately and is continued until the employee is sufficiently oriented to hospital facilities and practices. Complete orientation is accomplished in the first year of employment.

Our on-the-job training consists of 90 to 100 hours of classroom instruction. Emphasis is primarily placed in understanding oneself, understanding the mentally ill patient, and learning basic psychiatric nursing procedures. It also includes three months of supervised clinical experience. A qualified nurse instructor is assigned to this program.

Our staff education program is open to all nursing personnel. Because of the two levels of nursing personnel and shift problems, we have four staff education programs running simultaneously: professional nurses, day aides, evening aides, and night aides. Attendance at these sessions are high. Approximately 90 per cent of the graduate nurses attend staff education programs monthly. The objectives of our staff education program are: (1) To facilitate orientation to psychiatric nursing, (2) to familiarize personnel with activities and procedures pertinent to their job, (3) to improve morale, (4) to inform personnel of the new trends and changes in the field of mental health and psychiatric nursing, and (5) to promote development and growth that will result in effective psychiatric nursing care.

* * *

Our Director of Nursing conducts a supervisors' meeting every Tuesday. Coffee is served during the meetings. Information is exchanged. The Director of Nursing informs the supervisors of recent changes in hospital practices, nursing trends, clarifies hospital memoranda, etc. Each supervisor has an opportunity to relate the past week's activities in her area, her plans for the week, her long-range goals, problems she has encountered and how she solved them. She may at this time request assistance, suggestions, or recommendations. An exchange of ideas takes place. Old and new business is discussed. Announcements are made. Group process is used throughout. Minutes are kept. The meetings are informal and much active discussion takes place. Group decision is accepted.

Recently the supervisors completed a supervisors' development course under the direction of Mrs. Rosie Chang, Director of Nursing, as part of their in-service education. This course was under the auspices of the Department of Institutions, of which the hospital is one of the divisions, and the Training Coordinator of the Territorial Civil Service Department. The supervisors participated actively in the planning and development of the program. The results have been gratifying. The Civil Service Department has been most interested in this type of educational program and has sanctioned our supervisory training course.

We feel that in-service programs are important. They are the backbone of a well functioning organization.

ALMA TAKATA, R.N.

St. Francis Hospital

In-service programs at St. Francis Hospital are held once a month for all nursing personnel. This includes registered nurses, student nurses, practical nurses, and nurses' aides. We have found that programs which interest all levels of personnel are those which cover public relations and self-improvement. Interesting topics and need are kept in mind when selections are made. Depending on the subject, nonnursing personnel are invited to attend the programs.

Each program is repeated at least two times, usually during the mid-morning and the early afternoon. Sometimes an additional early morning repeat performance is done for the benefit of those on night duty. Programs are conducted during the eight-hour day; night duty personnel receive time back when they attend.

Past programs have included: Demonstration of Prosthesis following a Radical Mastectomy, How's Your Telephone Personality?, Put Your Best Face Forward, Interpersonal Relationships, Nursing the Patient with Cerebral Vascular Accident.

The present program theme is Hospital Fire Safety and includes participation from all hospital personnel. The Hospital Fire Safety Committee has worked with the Honolulu Fire Department in planning a series of programs which include fire equipment, fire drills, and hospital evacuation, with demonstration of the "carries."

We have found that the programs have helped morale, especially of the auxiliary personnel, which in turn has helped interpersonal relationships among the nursing teams. The groups have worked closely together and have had a feeling of satisfaction in being active members of the team.

ELEANOR APO, R.N.

depleted and nurses seeking higher education are encouraged to apply for funds through the United States Public Health Service. Most of the nurses feel that approximately $1,500 a year is necessary for a university education, hence a supplement to the scholarship is usually needed.

Public Health Nursing on Maui

In-service education has been an integral part of the public health nursing program on Maui for many years.

Recognizing that a well planned in-service educational program will ultimately reflect its benefits on the agency through better job performance by the personnel, on the individual through educational growth and job satisfaction, and on the community through improved service, a program is set up on a yearly basis.

Just before the close of each year, a questionnaire is sent to each member of the staff asking her to indicate what she would like for the following year's staff education. After all questionnaires are gathered, a representative from the staff, the Bureau of Public Health Nursing's Educational Director, the Maui Supervisor and Assistant Supervisor sit together and plan the year's program. They take into consideration the requests from the staff, the needs recommended by the supervisors, and the master schedule of consultants and other outside visitors who might present pertinent information on nursing and related subjects to enhance the program.

The program for the year is planned with two full-day institutes on major subjects of importance and interest. Other staff requests and apparent needs are brought into the program on a monthly or bi-monthly half-day meeting. A typed copy of the program for the year is given each staff member.

This program has proved both satisfactory and beneficial.

MRS. MARGARET B. ALEXANDER, R.N.

OFFICIAL VISITS

Miss Alison MacBride, Executive Secretary of the Board for the Licensing of Nurses, and Mrs. Olive Pridgen, Executive Secretary of the Nurses' Association, Territory of Hawaii, visited the Island of Hawaii during the month of May for the purpose of informing the nurses of the need for change in the Nursing Practice Act. They visited Pahala, Kohala, Kona, Honokaa, and Puumaile Hospitals. They talked to professional and practical nurses at each place. All meetings were well attended. Great interest was shown in the Nursing Practice Act.

They also visited Molokai members of the Oahu District. The Nursing Practice Act was the stimulating subject of discussion at the dinner meeting in May.

A note of thanks goes to all the nurses at the Territorial Hospital for helping to make the dinner meeting of NADO on May 5, 1958, a success!

With a progressive theme, "TeHo Nurses' Participation in Mental Patients' Rehabilitation," approximately 100 members heard an interesting panel moderated by Mrs. Rosie Chang, R.N., Director of Nursing. Panel participants were Dr. R. Kimmich whose topic was "This is Territorial Hospital," Mrs. Chang who spoke on the "Changing Role of the Psychiatric Nurse at Our Hospital," Mrs. Dorothy Ono, R.N., on "The Nurse in Activity Group Therapy," Mrs. Mary Simon, R.N., on "The Role of the Nurse in Convalescent Care," Mrs. Alma Takata, R.N., on "Educational Programs To Meet the Changing Role of the Nurse," and Miss Loretta Schuler, R.N., on "Affiliating Programs To Meet the Future Needs." Following the panel, a group of affiliating University of Hawaii students put on a skit displaying nurse-patient relationships. Instructor of this group at the Territorial Hospital is Miss Eleanor Cranch, R.N.

Heading the planning committee of this program was chairman Mrs. Rosie Chang. Introductions were made by Miss Katsuko Takiguchi, R.N., chairman of the Staff Nurses' Club at TeHo. In charge of the different divisions were Mrs. Belle Broussard, Mrs. Mary Lochmiller, Mrs. Dorothy Ono, Mrs. Sybil Wong, Miss Loretta Schuler, Mrs. Lilillian Page, Miss Eleanor Cranch, and University of Hawaii student nurses. Truly, TeHo Nurses did participate in "NADO Nurses' Mental Health Rehabilitation"!

NATH ROLL CALL

Everybody should be pleased to learn that Hawaii received one of the awards given for outstanding participation in the ANA Roll Call Membership Drive.

ANA CONVENTION DELEGATES

The following nurses represented Hawaii as delegates at the ANA Convention in Atlantic City in June:

Lynne Wigen, Director of Nursing, The Queen's Hospital and President of NATH

Virginia Jones, Director, School of Nursing, University of Hawaii

Claire Canfield, Assistant Professor, University of Hawaii School of Nursing

Mrs. Maxine Fletcher, Staff Nurse, Pahala Hospital

Mrs. Jean Grippin, Supervisor, St. Francis Hospital

Alison MacBride, Executive Secretary, Board for the Licensing of Nurses

General Interest

FIRST LEGISLATIVE WORKSHOP

The audience for the two-day Legislative Workshop for Nurses sponsored by the Nurses' Association far exceeded expectations. Over 100 nurses, practical nurses, and students participated. All levels and most fields were represented. Mrs. Helen Hongo of Hawaii, Mrs. Grace Lusby of Maui, and Miss Elizabeth Middleton of Kauai attended as District Legislative Chairmen of their respective islands. We were gratified that it was possible for so many to receive some orientation to legislation.

This program was planned by Mrs. Grace Smith, NADO Legislative Chairman; Mrs. Rosie Chang, NATH Legislative Chairman, and their committees. The program was designed to inform nurses of the proposed changes in the Nursing Practice Act, which will be revised; legislative needs of other agencies to be considered as possible items for support by NATH; and to learn methods of promoting such legislation.

On the first day, Wednesday, May 28, the opening panel discussed the proposed revisions in the Nursing Practice Act. The following people participated: Sister Maureen, Chairman, Board for the Licensing of Nurses; Miss Clifford Burroughs, member, Committee on the Revisions of the Nursing Practice Act; Mrs. Ruth Cushnie, member, Advisory Committee on Practical Nursing to the Nursing Board; Mr. Jess Walters of the Legislative Reference Bureau; and Mr. Willson Moore, Deputy Attorney General assigned to the Board.

During the coffee breaks, which were held during the morning and afternoon sessions, nurses had an opportunity to meet the speakers and visiting legislators. Representative Patsy Mink and Mr. David McClung, a candidate for office, stayed to participate in the discussion groups that followed. In the afternoon, the group had the opportunity to hear Mr. Royce Higa, Executive Secretary, Oahu Health Council; Mr. Charles Kendall, Executive Secretary, HGEA; Dr. Robert A. Kimmich, Medical Director, Territorial Hospital; Mrs. Alice Scott, Chief, Bureau of Public Health Nursing; and Mrs. Margaret Bennett, Hospital Nursing Consultant, Division of Hospitals and Medical Care, present their tentative legislative needs.

The next day the workshop turned its attention to those skills and techniques of promoting legislation. At the opening panel, Mr. Robert Fukuda, representing the Republican Territorial Central Committee, enjoyed introducing Rep. Dan Inouye, House Majority Leader, who in turn introduced Mr. Fukuda. In a supreme effort to remain nonpartisan, these men presented the argument for participation in party politics. Miss Margaret Holden of the League of Women Voters moderated.

The second panel was moderated by Dr. Roy E. Brown, Director, Tax Foundation of Hawaii. Rep. Anna Kahanamoku and Rep. Hebden Porteus described the complicated journey of a bill through the legislature and how some of the pitfalls that occur might be prevented.

In the closing session, Mr. Stewart Fern, president of the public relations organization that bears his name, delighted the group with what he called the "realistic approach" to the problem of effective lobbying. The short skits by the nurses pointed up the fact that personalities are definitely involved in lobbying, and that basically all support is on an individual basis.

ANSWERS FROM A ROVING QUESTIONNAIRE

For this issue of INTER-ISLAND NURSES' BULLETIN, a roving type questionnaire was sent to district reporters with the following inquiries:

In-service programs

(1) Do you feel that your in-service program is effective?

(2) Can you suggest ways in which your program can be planned to meet your specific needs?

Scholarships

(1) Having been on scholarships, what specific advice can you offer to prospective scholarship students?

(2) Did you supplement your income while on scholarship?

From the Big Island, Amy Enomoto, R.N., writes:

At Hilo Memorial Hospital monthly sessions on in-service education are being set up with Dr. Dickelmann, pathologist, and Dr. Freeman, radiologist. In Honokaa, Miss Jacobs, R.N., is training a number of high school girls who act as volunteer nurses' aides. Practical nurses' training is offered at Hilo Memorial Hospital, Pepeekeo Clinic, and the Old Folks' Home. This is in connection with the practical nurses' training school in Honolulu.

From all indications, there seems to be need for more in-service programs to keep up with trends in improved nursing care, treatments, and methods.

Regarding the scholarship inquiry, no information was available at this time from Hawaii or the other districts, except for the material which appeared in the May-June issue.

From Oahu, several nurses have utilized the scholarships made available through the Board for the Licensing of Nurses. This fund has now been



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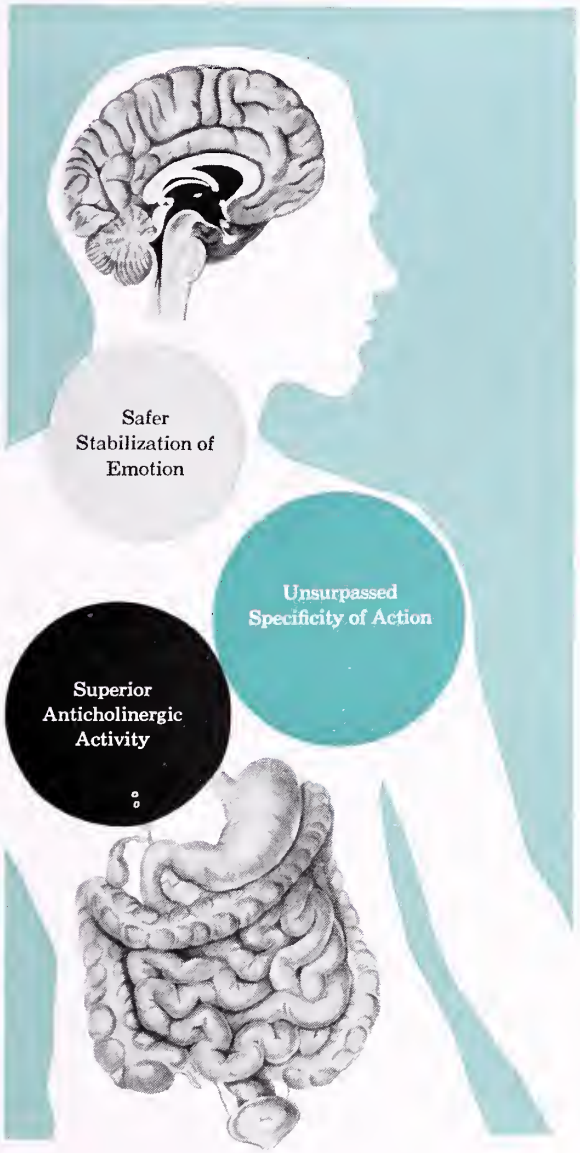
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NOTES AND NEWS

(Continued from page 548)

New Facilities for Mentally Ill

A Territorial Convalescent Center is now operated at site of the old Ala Moana School. **Dr. Robert M. Browne** is director.

A Mental Health Clinic at Queen's, operating on an "ability to pay" basis, is directed by **Dr. Linus C. Pauling.**

It's Spring—

"Are You Expecting a Baby?" was televised by **Drs. George Goto, C. A. Wyatt, Jr., Kenneth Ho,** and **Mario Bautista.**

Other Videorators of the month were **Drs. Gail Li, Homer R. Benson, Noboru Ogami,** and **James H. Lambert, Jr.,** who discussed Childbirth over KONA-TV.

Visiting Experts

Dr. Herbert E. Schmitz of Chicago and **Dr. Robert A. Kimbrough, Jr.,** of Philadelphia also expounded on OB-GYN at the annual post-graduate series.

Applied Obstetrics

Dr. and Mrs. Charles S. Judd are the parents of Charles Judd, III.

Dr. and Mrs. Donald Brown welcomed Andrew.

Dr. and Mrs. Andrew Morgan have entered James Davis on the local scene.

By press time **Dr. and Mrs. Kenneth Rusch** will have also added to the school crowding of the 60's.

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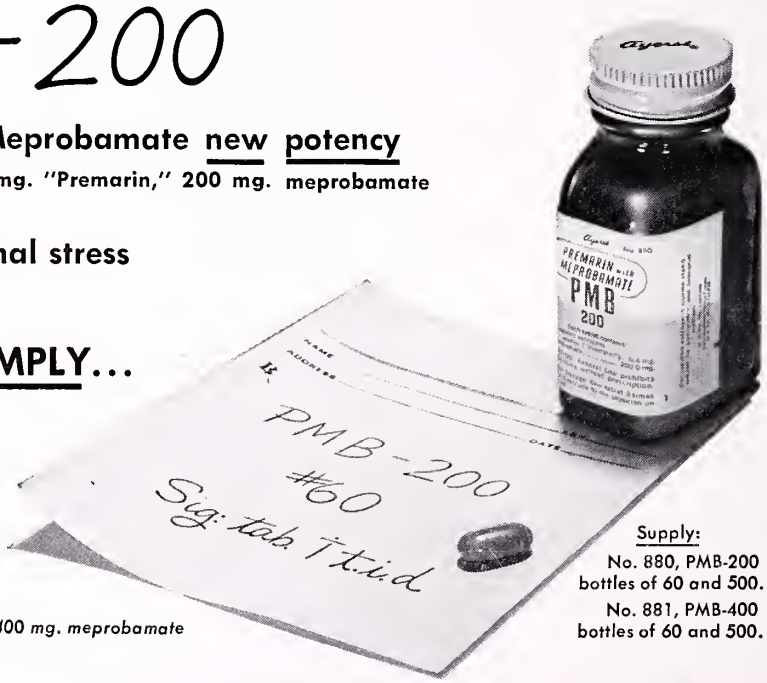
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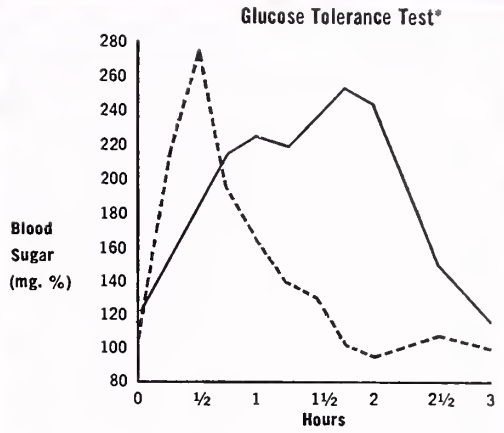
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*Constam, G. R.: Northwest Med. 56:919, 1957.

besides diabetes, what diseases may cause symptoms of polyuria, polydipsia, increased fatigability and loss of weight?

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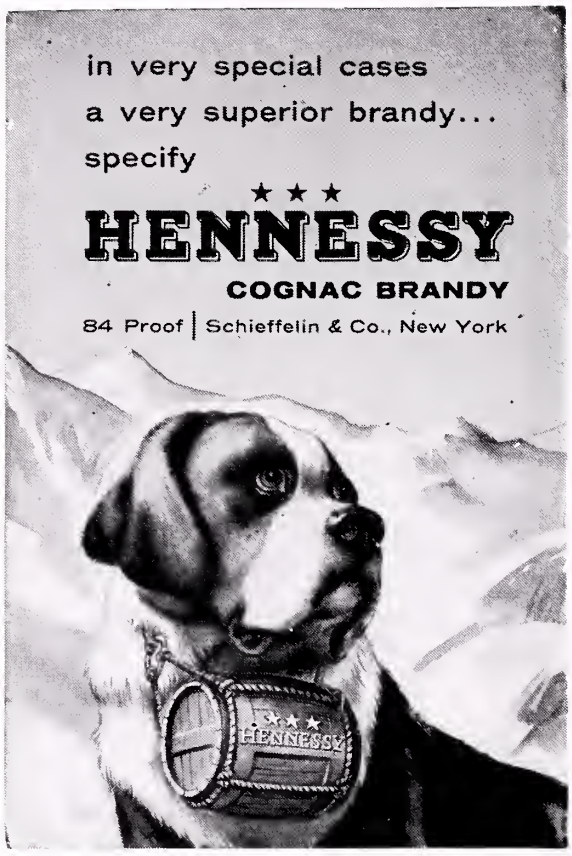
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NOTES AND NEWS

(Continued from page 594)

Check Your Genes Before Tippling

A three-day session of the Hawaiian Division of the **American Psychiatric Association** was held at the Long House, Hawaiian Village.

Dr. Henri Ellenburger of the Menninger Foundation confirmed that there is a difference in the ability to hold liquor among different racial strains.

Extended Horizons

To See Cherry Blossoms

Dr. Claude Caver recently returned from a month in Japan.

For Professional Refreshment

Dr. Martin H. Lichter acquired some GP credits at the Mayo Clinic.

Dr. Andrew Morgan was at the American Urological Association meeting in New Orleans.

Dr. Clarence W. Trexler attended the Pacific Coast EENT meeting in Vancouver.

To Europe

Dr. and Mrs. Ray Dusendschon are summering in Europe.

Who's Where from the Straub Clinic

Dr. Joseph E. Strode returned in May from a com-

(Continued on page 598)



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(Continued from page 596)

bined professional and pleasure trip to Australia and New Zealand. **Dr. and Mrs. Hartwell** were in New York. Other straying Straubers were **Drs. John Lowrey, Warren White, William Myers,** and **William Moore.**

The Lecture Platform

On Retirement

Dr. Norman Sloan addressed a panel on "Retirement," at the YWCA.

"The Artificial Kidney"

This subject was discussed by **Dr. Paul Y. Tamura,** pathologist at The Queen's Hospital, at the annual meeting of the Hospital Auxiliary on May 22.

"Service Above Self"

Dr. Min Hin Li, District Governor for Rotary International, presided at the Rotary District Conference on Kauai.

Recent Trends in Neurosurgery were outlined by **Dr. R. B. Cloward** for the Hawaii Society of Medical Technologists.

An Eye for Real Estate

Dr. John Holmes was in the news for the sale of a substantial piece of Kauai.

To WHO for U.S.

Dr. Richard K. C. Lee served as a member of the U. S. Delegation at the annual meeting of the World Health Organization which met at Minneapolis.

Public Health

Drs. Grover H. Batten, Walter B. Quisenberry and **Norman R. Sloan** attended a U.S.P.H.S. Cancer Conference May 27-28 at Asilomar Beach State Park in California, along with representatives of private practice, cancer societies and health departments from Alaska and five western states.

Dr. Norman R. Sloan has been accredited by the National Board of Preventive Medicine, in Public Health.

Dr. Robert Worth has just received the degree of M.P.H. from the Harvard School of Public Health. He is the new Health Officer for Kauai County.

Dr. Frank E. Glaser, formerly of South Shore Hospital, has joined the Health Department as Assistant Chief of the Bureau of Geriatrics, Cancer Control and Venereal Disease Control.

On the Beach

Retired plantation physician, **Dr. Arthur L. Davis,** is now living at the Diamond Head end of Kalakaua Avenue.

Dr. Steele Stewart, retired orthopedic surgeon, is now in the travel business and also enjoying life on Kalakaua Avenue.

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The handsome Japanese nonagenarian with cap and stick seen nearly daily on "the miracle mile" is the senior **Dr. Katsuki,** father of **Drs. Robert, Sanford,** and **David.** Dr. Katsuki started practice in Hawaii in 1900.

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BOOK REVIEW

(Continued from page 547)

(3) the progressive liberalization of compensation laws.

Pre-employment examinations have not only benefited the employer but perhaps to a greater degree the employee who may learn for the first time of a condition of which he was unaware and which may have a decisive bearing on his plans and prospects in life.

Most physicians are unacquainted with the job requirements of modern diversified industries, hence the rise of the specialty of industrial medicine.

This book is an excellent compendium of the author's experience in a many-faceted industry. It discusses the systems, and the significance of findings. It suggests an excellent method of grading applicants by the application of certain limitations, which correlate the individual's disabilities and the job for which he is being employed. I would consider it a "must" not only for the examining physician and the personnel men, but also union officials.

S. F. STEWART, M.D.

Allergy in Pediatric Practice

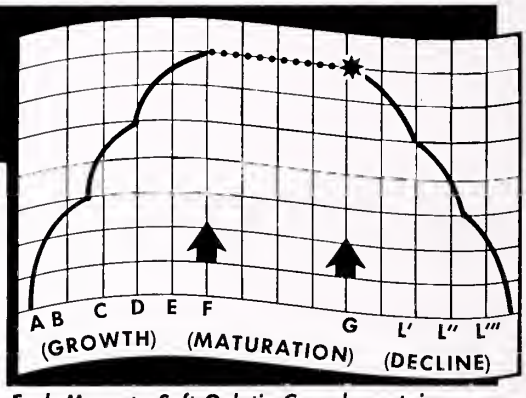
By William B. Sherman, M.D., and Walter R. Kessler, M.D., Ph.D., 296 pp., $9.25, The C. V. Mosby Company, 1957.

This book is intended as a comprehensive review of immunology and a practical aid in the diagnosis and treatment of allergic diseases. Fundamentals of allergy and various forms of allergy therapy of practical value are thoroughly presented. The three main groups of

(Continued on page 608)

...to postpone the "G" point*...

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For patients over 40, The G POINT (point of declination in life) can be postponed!

Properly balanced Androgen — Estrogen — nutritional therapy may prevent premature aging and damage of gonadal decline and nutritional inadequacy.

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Rx GERITAG in preventive geriatrics.

Each Magenta Soft Gelatin Capsule contains:

Methyltestosterone	2 mg.	Thiomine Hcl.	2 mg.
Ethinyl Estrodiol	0.01 mg.	Riboflavin	2 mg.
Ferrous Sulfate	50 mg.	Pyridoxine Hcl.	0.3 mg.
Rutin	10 mg.	Niocinamide	20 mg.
Ascarbic Acid	30 mg.	Mangonese	1 mg.
B-12	1 mcg.	Magnesium	5 mg.
Molybdenum	0.5 mg.	Iodine	0.15 mg.
Cobolt	0.1 mg.	Potossium	2 mg.
Copper	0.2 mg.	Zinc	1 mg.
Vitamin A	5,000 I.U.	Choline Bitortrate	40 mg.
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Vitamin E	1 I.U.	Inositol	20 mg.
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Also available as injectable.

*Chappel, C.C., J.A.M.A., 162: 1414, (Dec. 8) 1956

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Riseman, J. E. F., Altman, G. E., and Koretsky, S.: Nitroglycerin and Other Nitrites in the Treatment of Angina Pectoris, Circulation (Jan.) 1958.

*'Cardilate' brand Erythrol Tetranitrate SUBLINGUAL TABLETS, 15 mg. scored



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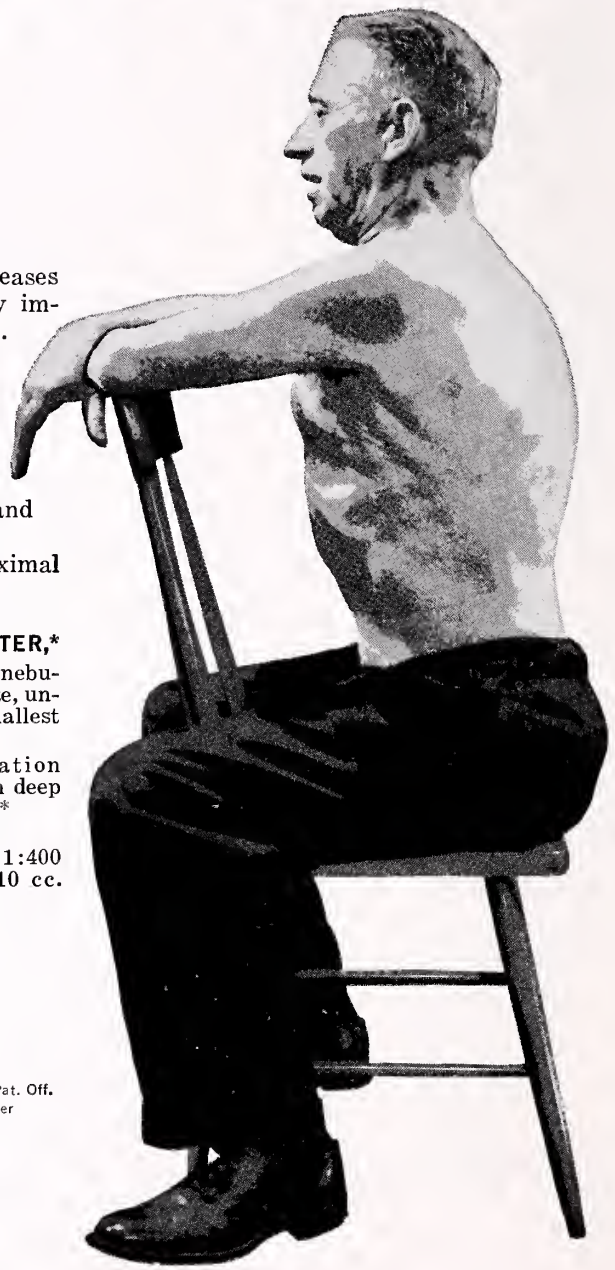
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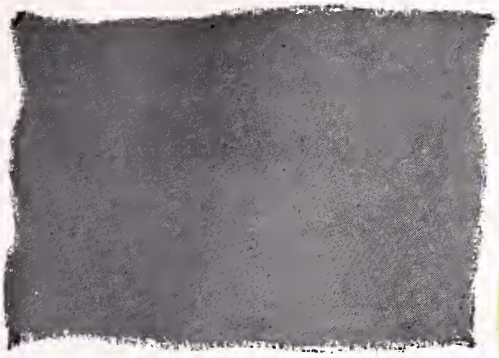
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Monilial overgrowth
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Achrostatin* V

TETRACYCLINE (PHOSPHATE-BUFFERED) AND NYSTATIN

Combines ACHROMYCIN V with NYSTATIN

SUPPLIED:

CAPSULES contain 250 mg. tetracycline HCl equivalent (phosphate-buffered) and 250,000 units Nystatin. ORAL SUSPENSION (cherry-mint flavored) Each 5 cc. teaspoonful contains 125 mg. tetracycline HCl equivalent (phosphate-buffered) and 125,000 units Nystatin.

DOSAGE:

Basic oral dosage (6-7 mg. per lb. body weight per day) in the average adult is 4 capsules or 8 tsp. of ACHROSTATIN V per day, equivalent to 1 Gm. of ACHROMYCIN V.

ACHROSTATIN V combines ACHROMYCIN† V ...the new rapid-acting oral form of ACHROMYCIN† Tetracycline...noted for its outstanding effectiveness against more than 50 different infections ...and NYSTATIN...the antifungal specific. ACHROSTATIN V provides particularly effective therapy for those patients prone to monilial overgrowth during a protracted course of antibiotic treatment.

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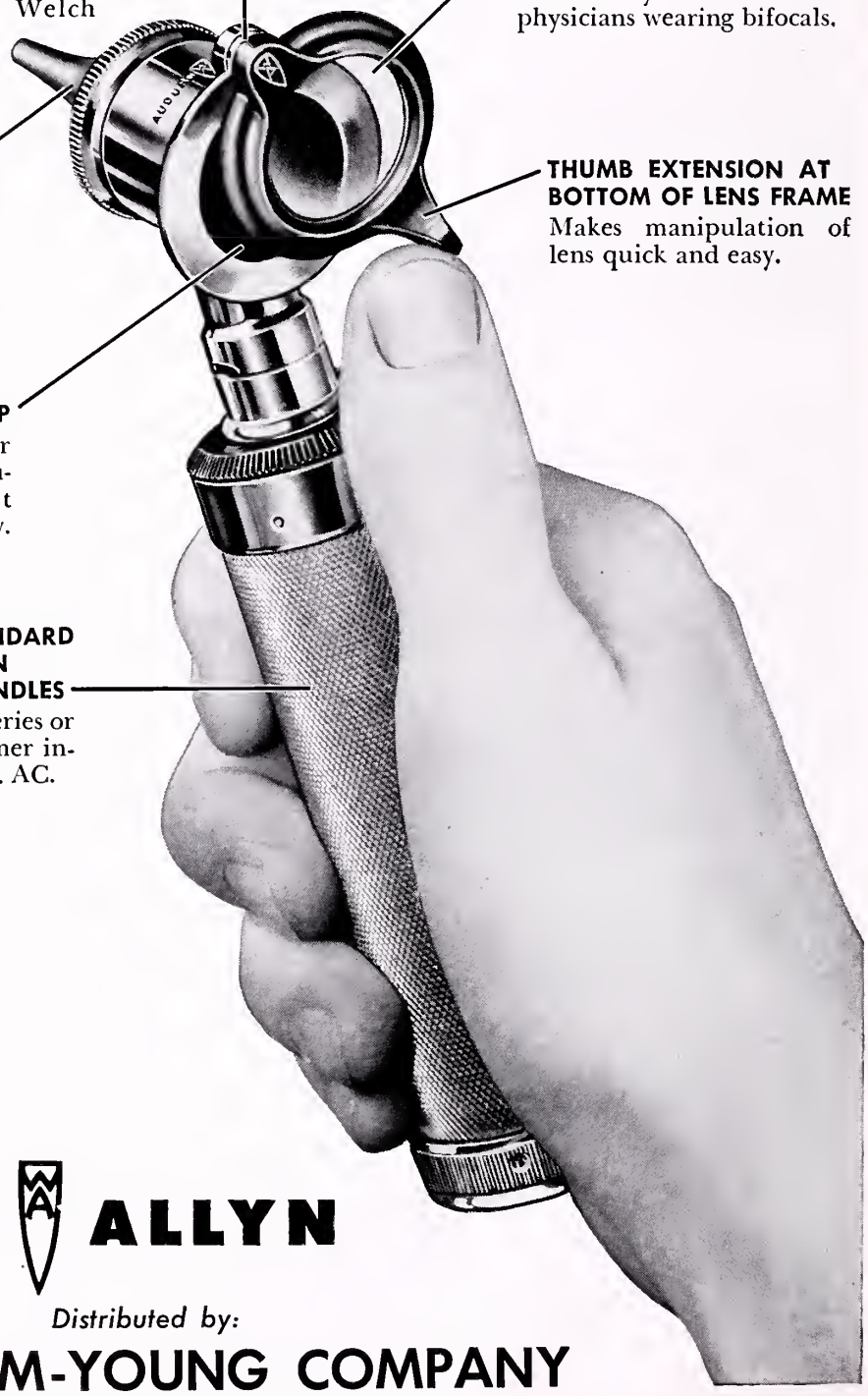
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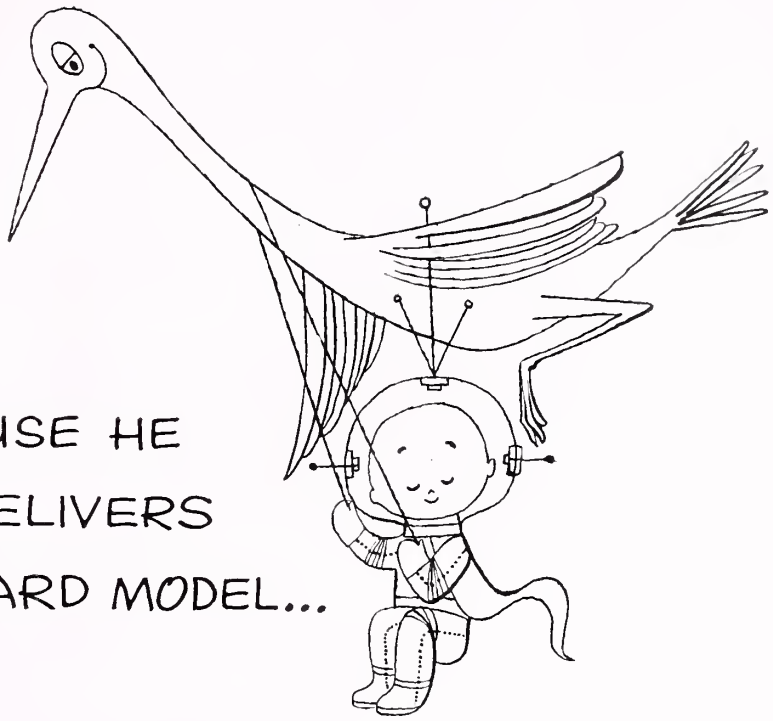


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BOOK REVIEW

(Continued from page 600)

drugs—antihistamics, adrenergic drugs, and the adrenocortical and corticotropic hormones—are discussed, and the various preparations listed with their recommended dosages, uses, indications and contraindications. This list will need revision to include the many drugs in the market at the present time and to exclude or probably minimize the usefulness of some of the former ones.

The chapters on atopic dermatitis, urticaria, allergic rhinitis, and asthma are well presented and the book as a whole is highly recommended as a review for the busy practitioner.

H. Q. PANG, M.D.

Also Received

The Medical Clinics of North America
Leroy H. Sloan, M.D., Honorary Editor, W. B. Saunders Company, Philadelphia, January, 1958.

A symposium on difficult office problems.

A.M.A. Scientific Exhibits
Grune & Stratton, New York, 1957.

A pictorial review of selected scientific exhibits from the 1957 New York meeting.

(Continued on page 612)

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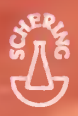
short-term*

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therapy

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When tetracycline therapy is indicated—

...3 INDISPUTABLE POINT



References: 1. Council on Drugs, A.M.A.: J.A.M.A. 166:52, 1958. 2. Pulaski, E. J.: Practitioner 179:465, 1957. 3. Cronk, G. A., and Naumann, D. E.: Ant. Med. & Clin. Ther. 4:166, 1957. 4. Kaplan, M. A., Dickison, H. L., Hubel, K. A., and Buckwalter, F. H.: Ibid. 4:99, 1957. 5. Prigot, A., Shidlovsky, B. A., and Felix, A. J.: Ibid. 4:287, 1957. 6. Pulaski, E. J., and Isokane, R. K.: Ibid. 4:408, 1957. 7. Putnam, L. E.: Ibid. 4:470, 1957. 8. Rein, C. R., and Fleischmajer, R.: Ibid. 4:422, 1957. 9. Welch, H., Lewis, C. N., Staffa, A. W., and Wright, W. W.: Ibid. 4:215, 1957. 10. Cronk, G. A., Naumann, D. E., and Casson, K.: Antibiotics Annual, 1957-8, ed. by H. Welch and F. Marti-Ibanez, Medical Encyclopedia, New York, p. 397. 11. Dube, A. H.: Ibid. p. 409. 12. Hubel, K. A., Palmieri, B., and Bunn, P. A.: Ibid. p. 443. 13. Kaplan, M. A., Albright, H., and Buckwalter, F. H.: Ibid. p. 415. 14. Portney, B., Draper, T., and Wehrle, P. F.: Ibid. p. 386. 15. Shidlovsky, B. A., Prigot, A., Maynard, A. de L., Felix, A. J., and Hjelt-Harvey, I.: Ibid. p. 459.

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1 Tetrex requires no "activating additive"

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3 Tetrex has an impressive documented record of clinical effectiveness

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BOOK REVIEW

(Continued from page 608)

Pediatric Clinics of North America

Goodrich C. Schauffler, M.D., Consulting Editor, W. B. Saunders Company, Philadelphia, February, 1958.

A symposium on gynecologic problems and pediatric ophthalmology.

New and Nonofficial Drugs

Evaluated by A.M.A. Council on Drugs, 645 pp., J. B. Lippincott Company, Philadelphia, 1958.

An annual publication issued under the direction and supervision of the Council.

Fun Comes First for Blind Slow-Learners

By Mildred Blake Huffman, B.E., M.A., 157 pp., $5.00, Charles C. Thomas, 1957.

An excellent book for those who teach the blind.

May's Manual of the Disease of the Eye

Edited by Charles A. Perera, M.D., 518 pp., illus., $6.00, The Williams & Wilkins Company, 1957.

Twenty-second edition of a standard compendium.

Microtechniques of Clinical Chemistry for the Routine Laboratory

By Samuel Natelson, Sc.M., Ph.D., 484 pp., $11.00, Charles C. Thomas, 1957.

Strictly for pathologists and laboratory technicians.

Essentials of Clinical Proctology

By Manuel G. Spiesman, M.D., B.S., L.L.D., F.I.C.P., and Louis Malow, M.D., B.S., F.A.C.S., 316 pp., $8.75, Grune & Stratton, Inc., 1957.

A practical manual, liberally illustrated.

Pediatric Clinics of North America

Edited by Wolf W. Zuelzer, M.D., 271 pp., W. B. Saunders Co., May, 1957.

A symposium on pediatric hematology plus the annual statement on poliomyelitis.

Cerebral Lipidoses

A Symposium, Chairman—L. Van Bogaert, M.D., Editor—J. N. Cumings, M.D., F.R.C.P., Associate Editor—A. Lowenthal, M.D., 212 pp., $8.50, Charles C. Thomas, 1957.

Valuable reference work on a rather specialized subject.

That Degenerate Spirochete

By Oscar Daniel Meyer, M.D., 320 pp., $5.00, Vantage Press, Inc., 1952.

Quasi-religious; attributes most diseases to syphilis.

★Studies on Fertility

Edited by R. G. Harrison, M.A., D.M., 138 pp., $5.00, Charles C. Thomas, 1957.

A valuable reference work for physicians concerned with this problem.

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DIMETANE Extentabs (12 mg. each, coated) provide antihistamine effects daylong or nightlong for 10-12 hours. Tablets (4 mg. each, scored) or pleasant-tasting Elixir (2 mg./5 cc.) may be prescribed t.i.d. or q.i.d., or as supplementary dosage to Extentabs in acute allergic situations. A. H. ROBINS CO., INC., Richmond 20, Virginia. Ethical Pharmaceuticals of Merit Since 1878.

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★The Malabsorption Syndrome
Edited by David Adlersberg, M.D., 252 pp., $5.50, Grune & Stratton, 1957.

Seventeen beautifully printed articles on nontropical sprue.

The Hangover
By Benjamin Karpman, M.D., 531 pp., $9.50, Charles C. Thomas, 1957.

Four hundred fifty-eight pages of case reports and 30 pages of discussion.

Ear, Nose and Throat Dysfunctions Due to Deficiencies and Imbalances
By Sam E. Roberts, M.D., 323 pp., $8.50, Charles C. Thomas, 1957.

Functional aspects of otorhinolaryngology.

A System of Ophthalmic Illustration
By Peter Hansell, M.R.C.S., F.R.P.S., F.B.P.A., 114 pp., $5.75, Charles C. Thomas, 1957.

Medical photography, with special application to the eye.



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Robins

1. Thomas, J. W.: Ann. Allergy 16:128, 1958

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...in Skin Diseases: In a study of 26 patients with severe dermatoses, ARISTOCORT was proved to have potent anti-inflammatory and antipruritic properties, even at a dosage only ⅔ that of prednisone[1]... Striking affinity for skin and tremendous potency in controlling skin disease, including 50 cases of psoriasis, of which over 60% were reported as *markedly improved*[2]...absence of serious side effects specifically noted.[1,2,3]

...in Rheumatoid Arthritis: Impressive therapeutic effect in most cases of a group of 89 patients[4]...6 mg. of ARISTOCORT corresponded in effect to 10 mg. of prednisone daily (in addition, gastric ulcer which developed during prednisone therapy in 2 cases disappeared during ARISTOCORT therapy).[5]

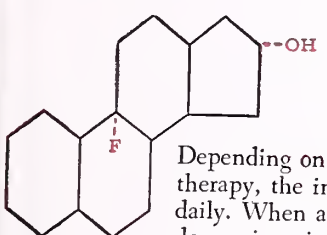
1. Rein, C. R., Fleischmajer, R., and Rosenthal, A. L.: J. A. M. A. *165*:1821, (Dec 7) 1957.
2. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.
3. Sherwood, A., and Cooke, R. A.: Personal Communication.
4. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957.
5. Hartung, E. F.: Personal Communication.
6. Schwartz, E.: Personal Communication.
7. Sherwood, A., and Cooke, R. A.: J. Allergy 28:97, 1957.
8. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Paper presented at Nephrosis Conference, Bethesda, Md., Oct. 26, 1957.
9. Ibid.: Personal Communication.
10. Barach, A. L.: Personal Communication.
11. Segal, M. S.: Personal Communication.
12. Cooke, R. A.: Personal Communication.
13. Dubois, E. L.: Personal Communication.

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...in Respiratory Allergies: "Good to excellent" results in 29 of 30 patients with chronic intractable bronchial asthma at an average daily dosage of only 7 mg.[6]... Average dosage of 6 mg. daily to control asthma and 2 to 6 mg. to control allergic rhinitis in a group of 42 patients, with an actual reduction of blood pressure in 12 of these.[7]

...in Other Conditions: Two failures, 4 partial remissions and 8 cases with complete disappearance of abnormal chemical findings lead to characterization of ARISTOCORT as possibly the most desirable steroid to date in treatment of the nephrotic syndrome.[8,9]... Prompt decrease in the cyanosis and dyspnea of pulmonary emphysema and fibrosis, with marked improvement in patients refractory to prednisone.[10,11,12]... Favorable response reported for 25 of 28 cases of disseminated lupus erythematosus.[13]



Depending on the acuteness and severity of the disease under therapy, the initial dosage of ARISTOCORT is usually from 8 to 20 mg. daily. When acute manifestations have subsided, maintenance dosage is arrived at gradually, usually by reducing the total daily dosage 2 mg. every 3 days until the smallest dosage has been reached which will suppress symptoms.

Comparative studies of patients changed to ARISTOCORT from prednisone indicate a dosage of ARISTOCORT lower by about ⅓ in rheumatoid arthritis, by ⅓ in allergic rhinitis and bronchial asthma, and by ⅓ to ½ in inflammatory and allergic skin diseases. With ARISTOCORT, no precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

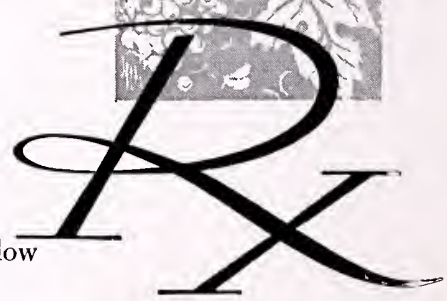
ARISTOCORT is available in 2 mg. scored tablets (pink), bottles of 30; and 4 mg. scored tablets (white), bottles of 30 and 100.

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White wine, therefore, is prescribed with benefit in nephritis, especially that associated with hypertension and arteriosclerosis. Wine is not suggested in cases of renal insufficiency.

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An extensive bibliography is now available showing the important role of wine in various phases of medical practice. A digest of current findings with specific references to published medical literature is yours for the asking. Just write for your copy of *"Uses of Wine in Medical Practice"* to Wine Advisory Board, 717 Market Street, San Francisco 3, California.

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1. Alexander, Edythe L.; Mod. Hosp., May, 1957

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[1] J. Kleeberg, Deutsch. med. Wchnschr., 53;1093, 1927.
[2] J. M. Rasell, Canad. M. J. 26:341, 1932.

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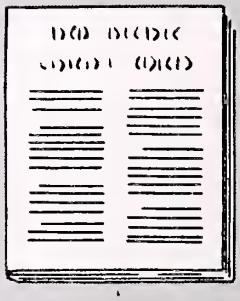
[3] Med. espan. 12:598, 1944.

K. Schraeder[4] recommended administering yagurt or lactic acid-farming bacteria in canditians which are assaciated with intestinal derangements.

[4] Nard. med., 30:935, 1946

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bren, B. A. and Crowley, W.: A.M.A. Arch. Int. Med. 95:653-661, 1955.

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Source—Hyman, M.: Some Aspects of Psychiatry in General Practice, GP *16*:83 (Oct.) 1957.

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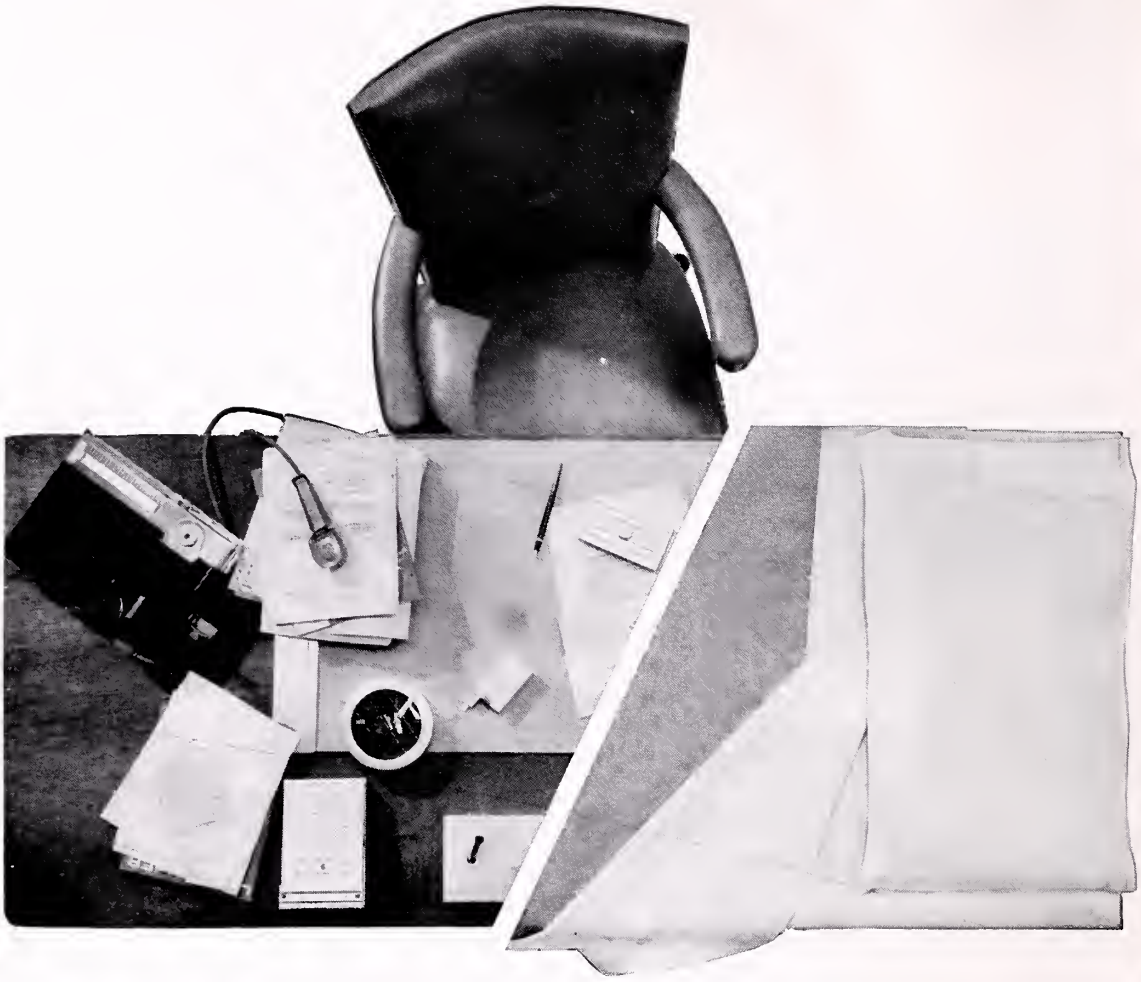
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